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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
(Chyrotaterziph Holle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
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AND AM II: 58

COVER LETTER

Registration Section

TO:

Div	ision of C	Corporations				
SUBJECT:	Com	oonent Art Partners	LLC			
(Name of Limited Liability Company)						
mi i						
The enclosed	i Articles	of Dissolution and fee(s) are sul	omitted for fi	ling.		
Please return	all corre	spondence concerning this matte	er to the follo	wing:		
	Ma	ry Hepworth		· • · · · · · · ·		<u></u>
		((Name of Pers	on)		
	Cor	nponent Art Partner	s LLC			
			(Firm/Compar	ny)		
	441	1 Alhambra Circle				
			(Address)			
	Cor	al Gables, FL 3314	6			
		(City	/State and Zip	Code)		
For further in	ıformatio	n concerning this matter, please	call:			
Mary Hepworth			at (619	, 218-5	847
		(Name of Person)			& Daytime	Telephone Number)
Enclosed is a c	heck for th	ne following amount:				
\$25.00 Filin	g Fee	30.00 Filing Fee & Certificate of Status	Certi	Filing Fee & fied Copy tional copy is o	enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		MAILING ADDRESS:				RIER ADDRESS:
	_	istration Section sion of Corporations	Registration Section Division of Corporations Clifton Building			
	P.O.	Box 6327				
Tallahassee, FL 32		anassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is Component Art Partners LLC	TALLAHASSEE, FLORID
2. The Articles of Organization were filed on (on file (on file) \(\begin{aligned} \text{0 400 00 8 / 655} \end{aligned}	and assigned document number
3. The date the dissolution was approved: 12.31.20	09
 A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov 	d liability company's dissolution pursuant to section er letter).
The company had no revenue in 2 years ar	nd it was decided to shut down its operations
5. CHECK ONE:	
OR- Adequate provision has been made for the de 6. All remaining property and assets have been distribute	nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421. ed among its members in accordance with their respective
rights and interests. 7. CHECK ONE:	
There are no suits pending against the compa	ny in any court.
	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signature	Printed Name
	Mary Hepworth
The Um	Hagen Ruff