

# LD4000082592

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address) ·                             |  |  |
| (Address)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |

Special Instructions to Filing Officer:

L. SELLERS

OCT 142008

**EXAMINER** 

Office Use Only



600136773926

10/13/08--01014--023 \*\*30.00

SECTOR AND STATE

### **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |
|---|--|--|
| SUBJECT: 30p Scave, LLC (Name of Limited Liability Company)   |  |  |
| (Name of Limited Liability Company)   |  |  |
|   |  |  |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing.   |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |
| Carlos de Cespeds / Jose de Cespedes (Name of Person)   |  |  |
|   |  |  |
| The Astri Group (Firm/Company)  |  |  |
|   |  |  |
| 133 Sevilla Au.  (Address)  |  |  |
| · · · · · ·   |  |  |
| Coral Gables, 77 3313X (City/State and Zip Code)  |  |  |
| (City/State and Zip Code)   |  |  |
| For further information concerning this matter, please call:  |  |  |
|   |  |  |
| (Name of Person) at (BOS) (Area Code & Daytime Telephone Number)  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)   |  |  |
| Enclosed is a check for the following amount:   |  |  |
| \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) |  |  |

# **MAILING ADDRESS:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 08 OCT 19 AM 8: 14

| The name of a limited liability company is     POP Suave   | SECRETAR E OF STATE TALLAHASSEE PLORIDA  |
|--|--|
| 2. The Articles of Organization were filed on  | and assigned document number   |
| 3. The date the dissolution was approved:  4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co   | ed liability company's dissolution pursuant to section ver letter).  |
| Company has eval   | ed purations   |
| OR- Adequate provision has been made for the d  6. All remaining property and assets have been distributing rights and interests.  7. CHECK ONE:  There are no suits pending against the compact.  | mited liability company have been paid or discharged. ebts, obligations and liabilities pursuant to s. 608.4421.  Ited among its members in accordance with their respective  any in any court.  atisfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of  | membership interests necessary to approve the dissolution:   |
| Signature Signat | Printed Name  Carlos de Cespedes  Jorge de Cespedes  |
|  |  |