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SECRETARY OF STATE TALLAHASSEE, FLORIDA

02/08/07--01018--028 **125.00

COVER LETTER

SUBJECT:	OR SEVENTEEN HOLOMGS, LLC (Name of Limited Liability Company)	
The enclosed Ar	ticles of Dissolution and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	PAUL AOKINI (Name of Person)	
	(Name of Person)	
	TAL	20
	(Firm/Company)	on FEB
	18743 LONG LAKE ON ASSE	8
•	(Address)	T
	18743 LONG LAKE ON SSEN (Address) (Address) BOCA RATON FC 33496 (City/State and Zip Code)	ű O
•	(City/State and Zip Code)	9
For further inform	mation concerning this matter, please call:	
K	OAUL AOKINS at (S61) 852-9757 (Name of Person) (Area Code & Daytime Telephone Number	<u></u>
	(Name of Person) (Area Code & Daytime Telephone Number	·)
Enclosed is a check	k for the following amount:	
\$25.00 Filing Fe	\$55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional	atus &

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

1. The name of a limited liability company is OR SEVENTEEN HOLON	es, ccc
2. The Articles of Organization were filed on	
3. The date the dissolution was approved:	30/06
4. A description of occurrence that resulted in the limit 608.441. Florida Statutes. (copy 608.441 on back co	ver letter).
WRITTEN CONSFIT OF A	
	EB-8 HASSEE
5 CHECK ONE.	OF STA
5. CHECK ONE:	mited liability company have been paid or discharged.
FG-OR-	lebts, obligations and liabilities pursuant to s. 608.4421.
_ · ·	ited among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp	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	Printed Name
forme	PAUL M AOKINS
Hay Carto	Gary A Contor