## L04000093354

| (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: |  |
|   |  |
|   |  |
| L04-93354                               |  |
| Di5 Office Use Only                     |  |



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03/31/05--01017--022 \*\*30.00

OSMAR 31 AMIL: 50

## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations                         |  |  |
|---|--|--|
|   | The second of th |  |
| SUBJECT: CUSTOM TWO, LLC  |  |  |
| (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  |  |  |
|   |  |  |
|   |  |  |
| PAUL A. BALTRUN, CPA  |  |  |
| (Name of Person)  |  |  |
|   |  |  |
| BALTRUN & BALTRUN, LLC  |  |  |
| (Firm/Company)  |  |  |
|   |  |  |
| 725 N. HIGHWAY A1A, SUITE B-104   |  |  |
| (Address)   |  |  |
| •   |  |  |
| TUDITUDED DI 22477  |  |  |
| JUPITER, FL 33477  (City/State and Zip Co                                 |  |  |
| (City/State and Zip Co  | oue)   |  |
|   |  |  |
|   |  |  |
| For further information concerning this matter, please call:              |  |  |
|   |  |  |
| PAUL A. BALTRUN, CPA at (   | 561 )575-0037  |  |
| (Name of Person) (A   | 561 575-0037  Area Code & Daytime Telephone Number)  |  |
|   |  |  |
|   | <u> </u>   |  |
| Enclosed is a check for the following amount:                             | OS MAR   |  |
| ☐ \$25.00 Filing Fee  | ing Fee & S60.00 Filing Fee  |  |
| Certificate of Status Certified   | Copy Certificate of Status &-  |  |
| (additional   | al copy is enclosed) Certified Copy (additional copy is enclosed)  |  |
|   |  |  |
| •   | 5일 구 전   |  |
|   |  |  |
|   | MAILING ADDRESS: ➤   |  |
|   | Registration Section   |  |
|   | Division of Corporations P.O. Box 6327   |  |
|   | Tallahassee, Florida 32314   |  |

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

| 1. The name of the limited liability company is   |   |
|---|---|
| CUSTOM TWO, LLC   |   |
| 2. The date the dissolution was approved: MARCH   | 25, 2005  |
| 3. A description of the occurrence that resulted in the section 608.441, Florida Statutes, (copy of 608.4 | he limited liability company's dissolution pursuant to 41 on back of cover letter). |
| WRITTEN CONSENT OF ALL OF THE MEM   | BERS OF THE LIMITED LIABILITY   |
| COMPANY PER FLORIDA STATUTE 608.4   | 41(C)   |
|   | ***   |
|   |   |
| 4. CHECK ONE: All debts, obligations and liabilities of the limited -OR-                                  | ,   |
| Adequate provision has been made for the debts,   | •   |
| 5. All remaining property and assets have been distrespective rights and interests.                       | ributed among its members in accordance with their                                  |
| 6. CHECK ONE: There are no suits pending against the company i -OR-                                       | in any court.   |
| Adequate provision has been made for the satisfate be entered against it in any pending suit.             | action of any judgment, order or decree which may                                   |
| Signatures of the members having the same percenthe dissolution:  | ntage of membership interests necessary to approve                                  |
| Signature   | Typed or Printed name MAX ABECASSIS   |
|   | .e. <del>z.</del>   |
|   | ·   |
|   | ·   |
|   |   |