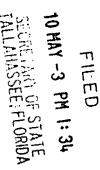
(Re	equestor's Name)	
(Ac	idress)	
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies		
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S. HAWKES

MAY 0 4 2010

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CL-DV 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:
Michael Heidt
(Name of Person)  Law Office of Gable & Heidt
(Firm/Company)  4000 Hollywood Boulevard, Suite 735 South Tower  (Address)
Hollywood, FL 33021-6755 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Heidt at (954 ) 966-2501 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status  Certificate of Status  \$55.00 Filing Fee & Certificate of Status & 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

and assigned document number  2010  liability company's dissolution pursuant to section: letter).  company  ted liability company have been paid or discharged.
liability company's dissolution pursuant to section letter).  Company
company P
ted liability company have been paid or discharged.
ted liability company have been paid or discharged.
ts, obligations and liabilities pursuant to s. 608.4421.  I among its members in accordance with their respective
y in any court.  Sfaction of any judgment, order or decree which may be
embership interests necessary to approve the dissolution:
Printed Name
Christophe Leroy
David Vaillant
l S