## L05000012937

(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:				
Michael jacruffune				
AUTHORIZA TON BY PHONE TO				
*DRRECT #15 243				
DATE 5/19/06				
une from List				

Office Use Only



000074581100

05/15/06--01021--013 \*\*30.00

#2+#3

all of red

DIVISION OF CORFORATIONS

OF MAY 15 PH 12: 45

## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT:	XPERTEST SYST	TEMS LLC	
	(Name of	Limited Liability Company)	
The enclosed A	rticles of Amendment and fee(s) are s	submitted for filing.	
Please return all	l correspondence concerning this mat	ter to the following:	
	MICHAEL KJA	AERULFF	····
	XPERTEST	SYSTEMS LLC (Firm/Company)	
		(t = = p y)	
	7060 HOWAND	(Address)	
	BOLA RAZON,	DRIVE SUITE 3G (Address)  FLORIDA 33487  ity/State and Zin Code)	
	(C	ity/State and Zip Code)	
For further info	rmation concerning this matter, pleas	e call:	
M	CHARL KJAERULFF	at ( <u>56)</u> <u>24</u> (Area Code & Daytim	1-5982
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a che	ck for the following amount:		_
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	· ·	JRIER ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations	
ý	P.O. Box 6327 Tallahassee, FL 32314	Clifton Buildin 2661 Executive	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  **PERTEST SYSTEMS	44C
2. The Articles of Organization were filed on	and assigned document number CORP
3. The date the dissolution was approved:5/14/	Ob
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove	
LICK OF SALS, NO ACTIVITY	
5. CHECK ONE:	ited liability company have been paid or discharged.
-OR-	ots, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distribute rights and interests.</li></ol>	d among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compar -OR- Adequate provision has been made for the sati entered against it in any pending suit.	ny in any court. isfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	embership interests necessary to approve the dissolution:
Signature	Printed Name
MS KMH N-	MICHAEL KJAERULFF