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| PICK-UP | WAIT | MAIL. | | |
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| Certified Copies | _ Certificates | of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 2 6 2008

EXAMINER

COVER LETTER

| | ntion Section of Corporations | | | |
|--|----------------------------------|---|---|---|
| SUBJECT: | MagNum | Renovation | | ivestors. |
| | _ | (Name of Lim | ted Liability Company) | |
| The enclosed Ar | ticles of Dissolution a | nd fee(s) are subm | itted for filing | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | | | |
| | | | out wing. | |
| | Mark | Anthony | Velez | |
| (Name of Person) | | | | |
| <u> </u> | | | | |
| (Firm/Company) | | | | |
| | 181 | Bristol | Forast Ar (Address) | _ |
| | | ~ | (Address) | |
| City/State and Zip Code) | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| <u>Ma</u> | rk A Many | Velez_ | | 25 - 8384 ne Telephone Number) |
| • | (| , | (ruon come at payan | to Telephone Number) |
| | c for the following amou | nt: | | |
| \$25.00 Filing Fe | | ling Fee & cate 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 ADD Registration Secti | | | URIER ADDRESS: |
| Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Center Circle | | |
| | rananassee, FL 3 | <i>と</i> J 17 | ZOUT EXECUTIVE | Center Circle |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is MAANUM RENOVATIONS Property | I INVESTORS, LLC |
|---|---|
| | 1 + 11 163 M3, 200 |
| 2. The Articles of Organization were filed on 2/18/2000 LO50000 169 45 | and assigned document number |
| 3. The date the dissolution was approved: 2/25/20 | 08 |
| 4. A description of occurrence that resulted in the limited liability of 608.441, Florida Statutes, (copy 608.441 on back cover letter). | |
| retered and I (mark Anthy Volve) Decom I ask for the company to be Disol | e disabled due to blind Ness. |
| 5. CHECK ONE: | |
| All debts, obligations and liabilities of the limited liabilit | y company have been paid or discharged. |
| OR-Adequate provision has been made for the debts, obligati | ons and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distributed among its rights and interests. Ves | s members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the company in any con-OR-Adequate provision has been made for the satisfaction of entered against it in any pending suit. | |
| Signatures of the members having the same percentage of membership | interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Mr. I. Ily | Mark Anthony Velez |
| | 8 449 |
| | FEB 25 |
| | 200 C |
| | ATA |
| FILING FEE: \$25.0 | o 영화 중 |