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| | | , |
|---|-----------------|--------|
| (Request | or's Name) | |
| (Address |) | |
| (Address |) | |
| (City/Stat | te/Zip/Phone # |) |
| PICK-UP |] WAIT | MAIL . |
| (Busines | s Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN AUG 1 0 2006

COVER LETTER

| | , 001 | DREETIER | | |
|--------------------|--|--|---|--------------------|
| | ation Section on of Corporations | | | |
| SUBJECT: | EMI, LLC | | | |
| | (Name of Li | imited Liability Company) | | |
| The enclosed Ar | rticles of Amendment and fee(s) are su | bmitted for filing. | | |
| Please return all | correspondence concerning this matte | r to the following: | 06 | SE |
| | Miks Hawkylu | K | 06 AUG -9 AM 11: 36 | SECTION OF CORPORT |
| | • (| Name of Person) | <u>ب</u> | CORK |
| | | (Firm/Company) | | Oly S |
| | P.O.B 751766 | (Address) | | • |
| | ORMOND BEN | (Address) W. Fl. 32173 //State and Zip Code) | | |
| For further infor | mation concerning this matter, please | call: | | |
| M. | KE FAWL Juk (Name of Person) | at (386) 566 (Area Code & Daytime | - 2486 Telephone Number) | |
| Enclosed is a chec | ck for the following amount: | | • | |
| ☐ \$25.00 Filing # | Fee \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | MAILING ADDRESS: | | RIER ADDRESS: | |
| | Registration Section | Registration Sec | ction | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| ·* | Ø |
|--|--|
| 1. The name of a limited liability company is | 6 AUG |
| EMI, LLC | ري ا |
| | |
| 2. The Articles of Organization were filed on | 23.05 and assigned document number |
| LOS0000/8486 | |
| 2 TH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | a h |
| 3. The date the dissolution was approved: | |
| A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov | d liability company's dissolution pursuant to section er letter). |
| BUSIES CLOSED | |
| | |
| | |
| | |
| 5. CHECK ONE: | • |
| All debts, obligations and liabilities of the lin | mited liability company have been paid or discharged. |
| Adequate provision has been made for the de | ebts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distribut rights and interests. | ted among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compa | any in any court. |
| UK- | ntisfaction of any judgment, order or decree which may be |
| | |
| ignatures of the members having the same percentage of a | membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| | • |
| 1 facustes | MIKE HAWRYLK |
| | 7 |
| T fleffley- | Mike Huwzylek |
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FILING FEE: \$25.00