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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jeffery M Iovino 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:	
Jeffery M. Iovino (Name of Person)	
P.O. Box 2315	
P.O. Box 2315 (Address) Santa Rosa Beach, FL 32459 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Jeff Tovino at (850) 225-3703 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)

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

1. The name of a limited liability company is Jeffery M Iovin	10 LLC
Jeffery M Zovin 2. The Articles of Organization were filed on 03- L05000020776	o 2 - 0 5 and assigned document number
 3. The date the dissolution was approved: 12-31 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove written consent of all me 	l liability company's dissolution pursuant to section or letter).
-OR-Adequate provision has been made for the deb 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the compant of the	FLOR
Signatures of the members having the same percentage of me	Printed Name Jeffery M. Zovino