# L05000036006

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	<b>A</b>			

Office Use Only



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03/07/07--01036--002 \*\*25.00

2001 MAR 21 P 3: 05
SECRETARY OF STATE.



March 1, 2007

DAMON KRUID 777 DELTONA BLVD. #28 DELTONA, FL 32725

SUBJECT: ALL SYSTEMS GROUP, LLC

Ref. Number: L05000036266

We have received your document for ALL SYSTEMS GROUP, LLC, fromever, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenien

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 707A00014789

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2007

DAMON KRUID 777 DELTONA BLVD. #28 DLETONA, FL 32725

SUBJECT: ALL SYSTEMS GROUP, LLC

Ref. Number: L05000036266

We have received your document for ALL SYSTEMS GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must use the LLC forms not Corporate forms.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 907A00017621

### **COVER LETTER**

	ntion Section n of Corporations				
SUBJECT:	All	System (Name of Lin	NS GYOUP, LLC mited Liability Company)		
The enclosed Art	ticles of Dissolution and	fee(s) are sub	mitted for filing.		
Please return all	correspondence concern	ing this matter	to the following:		
		Damon	Rame of Person)		
	All	Syster	ns Gnup Cons	truction I	χ
	ברך ב	Hona	B)Vd #28- (Address)	ECRETA LLAHAS	
	Del	tora (City/	17 30725 State and Zip Code)	E.F.L	
For further inform	mation concerning this n	natter, please c	all:	TATE WIDA	
	Demon Lo (Name of Person	Ad	at ( <u>386</u> ) <u>2</u> (Area Code & Day	164744 time Telephone Number	r) .
Enclosed is a check			\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Certificate of St d) Certified Copy (additional copy	atus &
	MAU INC ADDD	ree.	STDEET/CI	OURIER ADDRI	ess.

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

All Systems	SGroup, UC
2. The Articles of Organization were filed on	· 4113105 and assigned document number
3. The date the dissolution was approved:	2/3/106
608.441, Florida Statutes, (copy 608.441 on ba	e limited liability company's dissolution purposet to section ack cover letter).
No bonger reeded.	THE STATE OF THE S
	S N N N N N N N N N N N N N N N N N N N
5. CHECK ONE:	OS OS
-OR-	the limited liability company have been paid or discharged.
Adequate provision has been made for	the debts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been dirights and interests.</li></ol>	istributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the	company in any court.
OR- Adequate provision has been made for entered against it in any pending suit.	the satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percenta	ge of membership interests necessary to approve the dissolution:
Signature	Printed Name
	Damon Vruid
Nh -	SI A NI
XV	Steve Hall
	A STATE OF THE STA