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(Requestor's Name)				
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(Address)				
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(Ci	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
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08 MAY -8 AM II: 23

SECRETARY OF STATE
DIVISION OF CORPORATION

J. BRYAN

MAY - 9 2008

EXAMINER

COVER LETTER

	ation Section n of Corporations		
SUBJECT: 9	37 NMA, LLC		
	(Name o	f Limited Liability Company)	
	ticles of Dissolution and fee(s) are correspondence concerning this m	_	
	AVROHOM N. ROTH		
		(Name of Person)	
	AVROHOM N. ROTH	, CPA	OB HAY
		(Firm/Company)	宝 是
	1110 NE 170TH STRI	EET	-8
		(Address)	AM II:
	NORTH MIAMI BEAC	CH, FL 33162	r: 23
	(City/State and Zip Code)	3 55
For further infor	mation concerning this matter, plea	ase call:	
AVR	OHOM ROTH	at (305) 785-3172	
	(Name of Person)	(Area Code & Daytime Telephone Numb	per)
Enclosed is a chec	ck for the following amount:		
√ \$25.00 Filing F	<u></u>	\$55.00 Filing Fee & \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional co	Status &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDING Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

pany is	1: 23
05/10/2	
ed on	and assigned document number
_ _{d:} MAY 1, 20	08
Ited in the limited	liability company's dissolution pursuant to section
· · · · · · · · · · · · · · · · · · ·	
	
	ted liability company have been paid or discharged.
•	I among its members in accordance with their respective
gainst the company	y in any court.
made for the satisling suit.	sfaction of any judgment, order or decree which may be
e percentage of me	embership interests necessary to approve the dissolution
	Printed Name
·. 	Gregory Mirmelli
_	
_	
- ; :	
	bilities of the limited delaye been distributed gainst the company made for the satisting suit.

FILING FEE: \$25.00