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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AVI Alarm Monitoring Services, 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:	
Mark Martin (Name of Person) AVI Alarm Monitoring Services, LLC. (Firm/Company) 6301 Benjamin Road, Ste. 101 (Address) Tampa, FL 33634 (City/State and Zip Code)	Transport of the second of the
For further information concerning this matter, please call:	
Mark martin (Name of Person) at (800) 282-6733ex+2265 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$\sum{30.00 \text{Filing Fee & Certificate of Status}} \square \square \square \text{S55.00 \text{Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \square \square \text{\$60.00 \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square \text{\$\square \text{Solon Filing Fee, Certified Copy (additional copy is enclosed)}} \square	

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	C
AVI Alarm Monitoring	g Services, LLC.
2. The Articles of Organization were filed on	y 19, 2005 and assigned document number
`3. The date the dissolution was approved:	.31,2007
4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co	ted liability company's dissolution pursuant to section
Written consent of c	all members to disolve
the limited liability	Company.
5. CHECK ONE:	TASE COR
All debts, obligations and liabilities of the l	imited liability company have been paid or discharged.
OR-Adequate provision has been made for the	lebts, obligations and liabilities pursuant to \$, 698.4421.
 All remaining property and assets have been distributing and interests. 	uted among its members in accordance with their respective
7. CHECK ONE:	ORID
There are no suits pending against the comp	D
OR- Adequate provision has been made for the second against it in any pending suit.	satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
A The	Montin Schoffel
	l'lartin schattel