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	(Requesto	r's Name)	
	(Address)		
	(Address)		
	(City/State	/Zip/Phone	#)
PICK-UP	· 🗆	WAIT	MAIL
•	(Business	Entity Nam	е)
•	(Document	t Number)	
• Certified Copies	c	Certificates	of Status

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A. LUNT

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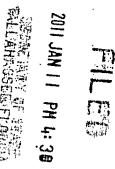
EXAMINER

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01/11/11--01024--011 **60.00



COVER LETTER

Division of Corporations
SUBJECT: MARTROON LAC
(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:
Martin F. Kruppenbacher (Name of Person)
(Firm/Company)
(Firm/Company) 504 SE 4 Aux (Address) DelRAY Beach [13348] (City/State and Zip Code)
For further information concerning this matter, please call:
ABOVE at (541) 278-5375 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\begin{align*} \pmu \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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

ARTÍCLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is		
MARTICENLLC		
2. The Articles of Organization were filed on 2/27	and assigned document number	
3. The date the dissolution was approved:		
4. A description of occurrence that resulted in the limited lia 608.441, Florida Statutes, (copy 608.441 on back cover le	ability company's dissolution pursuant to section etter).	
PROPERTY SOLD		
	ST S	
 6. All remaining property and assets have been distributed a rights and interests. 7. CHECK ONE: There are no suits pending against the company in the c	obligations and liabilities pursuant to s. 608.4421. among its members in accordance with their respective	
gnatures of the members having the same percentage of mem	abership interests necessary to approve the dissolution:	
Signature	Printed Name	
South t. Kryenlack	MARTIN F. Kruppenbache	e R
	· ·	