

10 Oct. 26 2007 10:09AM

Law

954 618 0200

No. 7

Page

of 1

# LOS000078538

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H07000265013 3)))



H070002650133ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RYAN E. WILLITS, P.A.  
Account Number : I20040000162  
Phone : (954) 618-0200  
Fax Number : (954) 618-0201

RECEIVED

07 OCT 26 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LLC DISS/WITH OR REV DISS

### ANUVA SOLUTIONS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 26 AM 10:21

Electronic Filing Menu

Corporate Filing Menu

Help

Oct. 26. 2007 10:09AM

Law

954 618 0201

No. 7338 P. 2

((H07000265013 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANUVA SOLUTIONS, 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:

RYAN E. WILLITS, ESQ.

(Name of Person)

RYAN E. WILLITS, P.A.

(Firm/Company)

6550 NORTH FEDERAL HWY., SUITE 300

(Address)

FROT LAUDERDALE, FL 33308-1400

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan E. Willits, Esq.

(Name of Person)

at ( 954 ) 618-0200

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

((H07000265013 3)))

Oct. 26. 2007 10:10AM

Law

954 618 0201

No. 7338 P. 3

((H07000265013 3)))

07 OCT 26 AM 10:21

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
**ANUVA SOLUTIONS, LLC**

2. The Articles of Organization were filed on **08/09/05** and assigned document number  
**L05000078538**

3. The date the dissolution was approved: **03/06/07**

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

**Consent of the sole member.**

**5. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

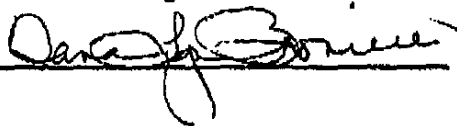
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

**Tana Lynn Boniello**