L05000079238

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P . WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	A. LUNT
	NOV -9 2010

EXAMINER

Office Use Only



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2010 NOV -8 PM 2: 35
SECRETARY OF STATE
TALLAHASSEE, FI ORIGINA

COVER LETTER

TO: Registration Section Division of Corporations.
SUBJECT:
The Enclosed Articles of Dissolution and fee(s) are submitted for fling.
Please return all correspondence concerning this matter to the following:
Allan J. turner (Name of Person) NYCONUAER UC (Firm/Company) ARRY OF STATE ORIGINAL STATE ORIG
Inconvaler Uc
(Firm/Company)
631 Northble Edua
(Address)
Altamontesprins FL 32701 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (32) 439.3053 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status Certificate of Status S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned document number
Eperpetual)
nited liability company's dissolution pursuant to section cover letter).
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2011 SE
ARE NO TO
ASS
limited liability company have been paid of discharged.
buted among its members in accordance with their respective
npany in any court. e satisfaction of any judgment, order or decree which may be
of membership interests necessary to approve the dissolution:
Printed Name
Allan J. turner
0 177
: ; ; t