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PICK-UP	WAIT	MAIL		
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G. MCLEOD

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EXAMINER



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DIVISION OF COMPONATION

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: YOYO.COM LLC	mited Liability Company)	
(Name of Li	mited Elabinty Company)	
The enclosed Articles of Dissolution and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
ALIZA SARID		
	Name of Person)	
	(Firm/Company)	
3213 DOVER RD		
()	(Address)	
POMPANO BEACH FL	33062	
	//State and Zip Code)	
For further information concerning this matter, please	call:	
ALIZA SARID	at (954) 464 5518	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
✓ \$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
*		
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	
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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is YOYO.COM LLC		<u> </u>
2. The Articles of Organization were filed on	and assigned document numb	ær
3. The date the dissolution was approved: 12/31/2	009	
company not working	ted liability company's dissolution pursuant to section over letter).	
5. CHECK ONE:		
	limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421.	
 All remaining property and assets have been distrib rights and interests. 	uted among its members in accordance with their respecti	ive
7. CHECK ONE:		
There are no suits pending against the component of the component of the content	pany in any court. satisfaction of any judgment, order or decree which may be	be
natures of the members having the same percentage of	f membership interests necessary to approve the dissolution	on:
Signature	Printed Name	
() ()	ALIZA SARID	Ç
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FILING FEE: \$25.00