# LOCOCAMAS

| (Re                                     | questor's Name)         |             |  |
|---|-------------------------|-------------|--|
| (Ad                                     | dress)                  |             |  |
| (Ad                                     | dress)                  |             |  |
| (Cit                                    | ty/State/Zip/Phone      | e #)        |  |
| PICK-UP                                 | ☐ WAIT                  | MAIL        |  |
| (Business Entity Name)                  |                         |             |  |
| (Document Number)                       |                         |             |  |
| Certified Copies                        | _ Certificates          | s of Status |  |
| Special Instructions to Filing Officer: |                         |             |  |
|   | 14<br>NAY <b>122</b> -2 | 012         |  |
| L. SELLERS                              |                         |             |  |
|   |                         |             |  |

Office Use Only



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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

2 HAY -9 PH 1: 38

# **COVER LETTER**

| Po: Registration Section Division of Corporations |   |
|---|---|
| SUBJECT: CONSUM                                   | (Name of Limited Liability Company)   |
| The enclosed Articles of Dissolution a            | nd fee(s) are submitted for filing.   |
| Please return all correspondence conce            | rning this matter to the following:   |
| · <u>E</u>  | Hal Yechezkell (Name of Person)   |
| · <u> </u>  | nackablemadia<br>(Firm/Company)   |
|   | 185 7th Que, #404   |
|   | (Address)  (City/State and Zip Code)  |
| For further information concerning this           | s matter, please call:  |
| Wavi Bala<br>(Name of Per                         | (Area Code & Daytime Telephone Number)  |
|   | iling Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

.414

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  CONSUMER EMOCIL Se  | ervice  |
|--|---|
| 2. The Articles of Organization were filed on 9   14   20  | and assigned document number  |
| 3. The date the dissolution was approved: 5/9/12   | ·   |
| 4. A description of occurrence that resulted in the limited liability 608.441, Florida Statutes, (copy 608.441 on back cover letter).  |   |
| <u> </u>   |   |
| <ul> <li>5. CHECK ONE:</li> <li>All debts, obligations and liabilities of the limited liabilities of the limited liabilities of the debts, obligues.</li> <li>6. All remaining property and assets have been distributed among rights and interests.</li> <li>7. CHECK ONE:</li> <li>There are no suits pending against the company in any OR-Adequate provision has been made for the satisfaction entered against it in any pending suit.</li> </ul> | ations and liabilities pursuant to s. 608.4421.  its members in accordance with their respective court. |
| Signatures of the members having the same percentage of membership   | ip interests necessary to approve the dissolution:  |
| Signature  | Printed Name  |
|  | Eyal Yechezkeil   |
|  | 12 M/Y SECRET ALLAH/  |
|  | Y-9<br>HASS   |
|  | TA P TT   |
| <del></del>  | Y-9 PH : 38 ETARY OF STATE HASSEE.FLORIO  |
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