

# L05000100501



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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

02/28/11--01030--009 \*\*25.00

FILED

11 FEB 28 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 2 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMENSTUDIO 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:

ARISTIDES M. MENDES  
(Name of Person)  
AMENSTUDIO LLC  
(Firm/Company)  
48 LAKE AV ap 5 BU  
(Address)  
Woburn MA 01801  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARISTIDES MENDES at 772 501 0697  
(Name of Person) (Area Code & Daytime Telephone Number)

also PRODUCER@AMENSTUDIO.COM

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

11 FEB 28 AM 10:40

220 ADDRESS  
1801 SE ELKHART  
P Saint Eve FL 34982

1. The name of a limited liability company is

AMENSTUDIO LLC

2. The Articles of Organization were filed on

10/10/2005

and assigned document number

L 05000100501

3. The date the dissolution was approved:

01/20/2011

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).

NOT MAKING PROFITS, OWNER MOVED  
BACK TO BOSTON

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

ARISTIDES M. MENDES

FILING FEE: \$25.00