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C. LEWIS

MAY 1 4 2010

EXAMINER

COVER LETTER

	ion Section of Corporations
SUBJECT: Or	bra,LLC
_	(Name of Limited Liability Company)
The enclosed Arti	cles of Dissolution and fee(s) are submitted for filing.
Piease return all co	orrespondence concerning this matter to the following:
<u> </u>	(Name of Person)
	(Name of Person)
C	Orbra,LLC
	(Firm/Company)
F	P.O. Box 490315
_	(Address)
ŀ	Key Biscayne,Florida 33149
	(City/State and Zip Code)
For firsther inform	ation consuming this matter places calls
ror turmer miorm	nation concerning this matter, please call:
Ginet	te Orozco at (305) 361 0163
*******	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amount:
\$25.00 Filing Fee	\$55.00 Filing Fee & Scrifficate of Status Certificate of Status Certificate of Status 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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2010 MAY 13 PM 18 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA
and assigned document number
00 <u>9</u> .
y's dissolution pursuant to section
pany have been paid or discharged. d liabilities pursuant to s. 608.4421. bers in accordance with their respective
bets in decordance with their respective
adgment, order or decree which may be
sts necessary to approve the dissolution:
Printed Name 5 nette Oroze-