(Paguastaria Nama)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
,	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:

L. SELLERS

MAR 12 2009

EXAMINER

Office Use Only



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COVER LETTER

	ration Section on of Corporations						
SUBJECT: L	anguti, LLC						
	(Name of L	imited Liabilit	y Company)				
The enclosed A	rticles of Dissolution and fee(s) are su	bmitted for fili	ng.				
Please return al	l correspondence concerning this matte	er to the follow	ving:				
	Natali Lanzino						
		(Name of Person	n)				
	Languti, LLC						
	(Firm/Company)						
	14219 Sunriver Ave						
		(Address)					
	Orlando, FL 32828						
	(Cit	y/State and Zip	Code)				
For further info	rmation concerning this matter, please	call:					
Nata	ali Lanzino	at (407	207-6	106		
<u></u>	(Name of Person)	at (_	(Area Code	& Daytime	Telephone Number)		
Englosed is a che	ck for the following amount:						
\$25.00 Filing	,	Certif	Filing Fee & ied Copy ional copy is e	enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Division Clifton	ation Sect n of Corp Building			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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SECRETARY A STATE

TALLAHASSEE FLORIDA
/2006 and assigned document number
009
red liability company's dissolution pursuant to section over letter). Florida
imited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. 608.4421.
ited among its members in accordance with their respective
atisfaction of any judgment, order or decree which may be
membership interests necessary to approve the dissolution:
Printed Name
Printed Name Natali Lanzino
Natali Lanzino
Natali Lanzino