## L060000 10845

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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B. BOSTICK

APR 2 9 2011

EXAMINER

## **COVER LETTER**

	gistration Section vision of Corpora				
SUBJECT:	A	2ACE-JOHN	sas, LIC		
30200011	<del></del>	(Name of I	Limited Liability Company)		
The enclosed	d Articles of Dis	solution and fee(s) are su	abmitted for filing.		
Please return	n all corresponde	nce concerning this matt	ter to the following:		
		DIRKY	HRACE		
	· · · · · ·	<u>.</u>	(Name of Person)		
			(Firm/Company)		
		3563 TERIL	4 OAKS CT	111 ALL	
			(Address)	APR 2	N 1134
		(Ci	F1 32779		instere j instere
		(Ci	ty/State and Zip Code)		II de la proposition della pro
For further in	nformation conc	erning this matter, please	e call:	PH 4: 34 F. STATE F. FLORIDA	
	DIRK.	Arace	at (407 ) 774	r- 2468	
	(N	ame of Person)		e Telephone Number)	
Enclosed is a	check for the follo	wing amount:			
\$25.00 Filin	N	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	æd)
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

1. The name of a limited liability company is  ARACE - CONNEW - UC	
	and assigned document number
3. The date the dissolution was approved:	<del>,</del>
<ol> <li>A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let</li> </ol>	ility company's dissolution pursuant to section ter).
NO LOUGE ACTIVE	or needed for
Business	
All debts, obligations and liabilities of the limited OR- Adequate provision has been made for the debts, of the limited and and liabilities of the debts, of the limited and limited limited limited and limited	any court.  tion of any judgment, order or decree which may be
Signature  Signature  Clin  Bette Paren	Printed Name  DIKK ANKE  BERWIE JOHNSON

FILING FEE: \$25.00