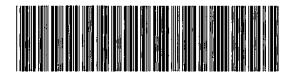
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE

MAY - 62008

EXAMINER

COVER LETTER

Division of Corporations	•	·
SUBJECT: AR MANAGEMENT SOL	LUTIONS LLC	
(Name of L	imited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
AVIS RANKEL		
	(Name of Person)	
AR MANAGEMENT SO		
(Firm/Company)		7. 26
1675 N SHADOWVIEW PATH		2008 HAY SECRET
	(Address)	AY -5 HASS
HERNANDO, FL 3444		
(Cit	y/State and Zip Code)	FS
For further information concerning this matter, please	call:	PM 1: 35 EE.FLORIDA
AVIS RANKEL	at (352) 270-	1407
(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
\$25.00 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)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COU Registration Sec Division of Corr Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is AR MANAGEMENT SOLUTIONS LLC	
2. The Articles of Organization were filed on 04/17/20	and assigned document numbe
3. The date the dissolution was approved: 05/05/200	8
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover Upon the written consent of all of the m	
OR- Adequate provision has been made for the debt 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the company of the	PH I: C.FLOR
ignatures of the members having the same percentage of me	Printed Name AVIS RANKEL
<u> </u>	