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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: A. LUNT		
MAR - 3 2008		
EXAMINER		

Office Use Only



400118603154

02/28/08--01027--013 **30.00

2008 FEB 29 P 12: 10
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OAK ST (N	EVETOPERS, 2LC ame of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(Please return all correspondence concerning to	·	
AALO	(Name of Person) NEWAN (Firm/Company) REAL STE 275 (Address) (Address)	
BOCA RATI	(City/State and Zip Code)	
For further information concerning this matter, please call: AARON NOWAN at (56) 9624101 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of S		
MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327	Registration Section	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited liability company is	4
OAK STREET DEVI	Elupors, LLC
2. The Articles of Organization were filed on	AB) 114/08 and assigned document number
The state of the s	ASSI
	FFLORIDE OF STATE
5. CHECK ONE:	₽ —
 6. All remaining property and assets have been dirights and interests. 7. CHECK ONE: There are no suits pending against the OR- 	r the debts, obligations and liabilities pursuant to s. 608.4421. istributed among its members in accordance with their respective company in any court. r the satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage	age of membership interests necessary to approve the dissolution:
Signature	Printed Name
	MANAGING PARTNER