L060000465/2

(Requestor's Name)							
(Address)							
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
	siness Entity Nar	ma)					
(Bu	isiness Entity Nat	ne)					
(Uo	cument Number)						
	F.						
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						
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Office Use Only



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SECRETARY OF STATE
TALLAH ASSEE

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COVER LETTER

	tration So	ection orporations							
SUBJECT: _		D.F.H. L.	LC ame of Li	mited Liability Company)			_	
The enclosed A	Articles o	f Dissolution and fee(s	s) are sub	mitted for filing.					
Please return a	ill corresp	ondence concerning t	his matter	r to the following:					
		DIN L	APID	Name of Person)					
			()	Name of Person)	· · · · · · · · · · · · · · · · · · ·				
			`	Firm/Company)		TAL SE	200		
		20953 NE	· 30·	th Court		CRE	1001 HAY -3 A 9:43		
			 -	(Address)		AR)	1		
		Aventura, F	FL 3	3 180 (State and Zip Code)		RY OF STATE SEE, FLORID/	D →		
			(City	/State and Zip Code)		LOR	ۻ	L	
For further info	ormation	concerning this matter	r, please o	call:		TE DA	£3		
FA	RIDA	LAPIDOT		at (305	792	-7471		_	
		(Name of Person)		(Area Code	e & Daytime	Telephone Numb	er)		
Enclosed is a ch	eck for the	e following amount:							
\$25.00 Filing	Fee	30.00 Filing Fee Certificate of S		\$55.00 Filing Fee & Certified Copy (additional copy is	enclosed)	\$60.00 Filir Certificate of S Certified Copy (additional co	Status &	losed)	
MAILING ADDRESS: Registration Section			}:	STREET/COURIER ADDRESS: Registration Section					
Division of Corporations			าร	Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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on: