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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ConceA- Solokons LLC (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
David Johnson (Name of Person)
C/o Carl Mc Cas K-11 (Firm/Company)
90 SW 3rd St. # 3107
Miami FL 33130 (City/State and Zip Code)
For further information concerning this matter, please call:
Day A Johnson at (305) 491-7800 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sum_{325.00}\$ \text{Filing Fee} \tag{30.00}\$ \text{Filing Fee} & \text{S55.00 Filing Fee} & \text{Certificate of Status} & Certific
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MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301