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| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
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SECRE JARY OF STATE
AND ANASSEE, FLORID

## **COVER LETTER**

|   | tration Section<br>ion of Corporations       |   |  |
|---|--|---|--|
| SUBJECT:                                | Carl A. Pirolli and Anne                     | e Howden, LLC   |  |
| (Name of Limited Liability Company)     |  |   |  |
|   |  |   |  |
| The enclosed A                          | Articles of Dissolution and fee(s) are sub   | mitted for filing.  |  |
|   | Il correspondence concerning this matter     | ·   |  |
| i iease return a                        | in correspondence concerning ans matter      | to the following.   |  |
|   | Thomas I Movlan Fo                           | 24  |  |
| Thomas J. Moylan, Esq. (Name of Person) |  |   |  |
|   |  |   |  |
| Plourde, Bogue & Moylan, LLP            |  |   |  |
| (Firm/Company)                          |  |   |  |
|   | 50 Exchange Terrace, Suite 320               |   |  |
| (Address)                               |  |   |  |
|   | Providence, RI 02903                         |   |  |
| (City/State and Zip Code)               |  |   |  |
|   |  |   |  |
| For further info                        | ormation concerning this matter, please      | all:  |  |
|   | Thomas J. Moylan                             | at ( 401 ) 453-0550   |  |
|   | (Name of Person)                             | (Area Code & Daytime Telephone Number)  |  |
|   |  |   |  |
|   | eck for the following amount:                |   |  |
| X \$25.00 Filing                        | Fee 30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & |  |
|   |  | (additional copy is enclosed) Certified Copy (additional copy is enclosed)      |  |
|   |  |   |  |
|   | MAII INC. ADDDECC.                           | STREET/COURIER ADDRESS:   |  |
|   | MAILING ADDRESS: Registration Section        | Registration Section  |  |
|   | Division of Corporations                     | Division of Corporations  |  |
|   | P.O. Box 6327                                | Clifton Building  |  |
|   | Tallahassee FL 32314                         | 2661 Executive Center Circle  |  |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| TALLAHACALOF   |
|--|
| owden, LLC   |
| /2006 and assigned document number   |
| ·  |
| ability company's dissolution pursuant to section letter).   |
| ber  |
|  |
| ed liability company have been paid or discharged.  s, obligations and liabilities pursuant to s. 608.4421.  among its members in accordance with their respective  in any court.  faction of any judgment, order or decree which may be |
| Printed Name  Thomas J. Moy a  |
|  |