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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
Certified Copies Certificates of Status					
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G. MCLEOD

JUL 6 - 2010

EXAMINER



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06/07/10--01032 -021 **100.00

TO JUL -2 PM 4: 14

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: "The Spot" Shisha	Lounge	e and	Cafe LLC
		ility Compa	any	
Dear S	ir or Madam:			
The en	closed Articles of Revocation of Dissolution and fo	e(s) are sub	mitted	for filing.
Please	return all correspondence concerning this matter to	mane of Limited Liability Company of Dissolution and fee(s) are submitted for filing. Derning this matter to the following: Melkonian any MA 01545 ip Code any Manual report notification) dis matter, please call: ian at (617) Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 In g amount: In g Fee & \$130 Filing Fee & \$135 Filing Fee,		
	Rosemarie Melkonian			
	Name of Person	"The Spot" Shisha Lounge and Cafe LLC Name of Limited Liability Company evocation of Dissolution and fee(s) are submitted for filing. dence concerning this matter to the following: emarie Melkonian Name of Person Firm/Company Minuteman Way Address wsbury, MA 01545 State and Zip Code seeMelko@aol.com used for future annual report notification) necerning this matter, please call: Melkonian Person at (617 308-7673 Area Code & Daytime Telephone Number DRESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 The following amount: \$105 Filing Fee & Certificate of Status & Certi		
	Firm/Company			
	14 Minuteman Way	Dissolution and fee(s) are submitted for filing. ning this matter to the following: Belkonian On Jan Way IA 01545 Code aol.com annual report notification) matter, please call: In at (617 308-7673 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 amount: Fee & \$130 Filing Fee & \$135 Filing Fee, Certified Copy Certificate of Status &		
	Shrewsbury, MA 01545	_		
E	RoseMelko@aol.com	cation)	_	
For fur	ther information concerning this matter, please cal	l :		
			_)	
	Name of Person	Area C	ode & D	aytime Telephone Number
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations Building executive Center Circle assee, Florida 32301	Regist Divisi P.O. E	tration S on of C Box 632	Section orporations 7
Enclos	ed is a check for the following amount:			
√ \$10				Certificate of Status &

TO:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		1	
The Company	ARTICLES OF DISSO	LUTION	E11
	FOR A LIMITED LIABILITY		10 JUL -2 PM 4: 14
	A DIMITED LIADICITY		18 SCORC 2 PM
	1 11 - L 1124		AHASTY 4:14
1. The name of a limited	HA LOUNGE & CAFE		WEE. FISTER
1112 01 01 0110			ORIO A
2. The Articles of Organia	zation were filed on 06/15/2010	7/07 an	d assigned document number
	·		
3. The date the dissolutio	n was approved:	8 2010.	
4 A description of occur	rence that resulted in the limited liabilit	y company's dissolu	tion pursuant to section
608.441, Florida Statut	es, (copy 608.441 on back cover letter)). Cease use	
Klason for	disolution, our	rease we	as up, we
deaded 1	not to stenew, a	ind go b	ack to Hass
were our c	hildren, family and	d friends	Alside We
felt too t	and wildn't as	Had Hank	Faringell
5. CHECK ONE:	o una coalean e ag	Ind the new	e water.
All debts, obli	gations and liabilities of the limited lia	bility company have	been paid or discharged.
Adequate prov	vision has been made for the debts, obli	gations and liabilitie	s pursuant to s. 608.4421.
All remaining property rights and interests.	and assets have been distributed amon	g its members in acc	cordance with their respective
7. CHECK ONE:			
There are no s	uits pending against the company in an	y court.	
Adequate prov	rision has been made for the satisfaction it in any pending suit.	n of any judgment, o	rder or decree which may be
Signatures of the members h	aving the same percentage of members	hin interests necessa	ry to approve the dissolution:
Signature		Pri	nted Name
(soy)		BERJE MEI	LKONIAN
Rox Jane Hell	mino	ROSEMARI	E MELKONIAN
<u> </u>			

FILING FEE: \$25.00