## L06000073183

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(-1,-1-1-1,-1,-1-1-1,-1,-1-1-1,-1,-1-1-1-1,-1-1-1-1,-1-1-1-1-1,-1	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	

Office Use Only



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10/29/07--01015--011 \*\*25.00



## **COVER LETTER**

	sion of Corporations
SUBJECT:	YOXXIL II.
	(Name of Limited Liability Company)
The enclosed	Articles of Dissolution and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	JOSMA DUSMAN (Name of Person)
	<b>(</b>
	(Firm/Company)
	10 Somerset Street, Box 170
	BOSTON, MA 02107 (City/State and Zip Code)
For further inf	formation concerning this matter, please call:
	(Name of Person) at (300) 784-9402 x200 (Area Code & Daytime Telephone Number)
Enclosed is a ch	neck for the following amount:
\$25.00 Filing	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
general g	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 07 OCT 29 PM 12: 38

SECRETARY DE STATE

TALLAHASSEE FLORIDA
and assigned document number
ty company's dissolution pursuant to section  The curticles of organization  The written consent of  mited liability company
bility company have been paid or discharged. igations and liabilities pursuant to s. 608.4421. ing its members in accordance with their respective iny court. In of any judgment, order or decree which may be
hip interests necessary to approve the dissolution:
Printed Name  JOSMA DUSMAM