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SECRETARY OF STATE
ORIDA

C. LEWIS

MAR 2 7 2012

EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Slade + Archer 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:
7-1 0 G-J 10 CAN
Tohn D. Gentile CPH (Name of Person)
Gertile or Gertile CPA (Firm/Company)
1601 N Palm Ave. Svite 212
Penbrote Pinos FL 33026 (City/State and Zip Code)
(City/state and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 431-8331 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

### 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

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1. The name of a limited liability company is  5 lade & Archer LLC	SECRÉTARY OF STATE TALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on 7/25/6	
3. The date the dissolution was approved:	ility company's dissolution pursuant to section er).
5. CHECK ONE:  All debts, obligations and liabilities of the limited language provision has been made for the debts, of the debts, of the limited language property and assets have been distributed among the rights and interests.	bligations and liabilities pursuant to s. 608.4421.
entered against it in any pending suit.	ion of any judgment, order or decree which may be
Signatures of the members having the same percentage of members	
Signature	Augustin Morejon