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DOB JAN -9 PM 3: 32 SECRETARY OF STATE

COVER LETTER

Divisio	n of Corporations
• [DAC-MARKE LA
SUBJECT:	(Name of Limited Liability Company)
`•	
The enclosed Ar	ticles of Dissolution and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	MICHMEL REWICL , PRINCIPLE (Name of Person)
	(Name of Person)
	oosusname, uc
	(Firm/Company)
	3349 WARD OAK ST
	(Address)
	FORT LAMEROPHE, FL 3331L.
	(City/State and Zip Code)
For further infor	mation concerning this matter, please call:
MIG	(Name of Person) at (954) 892 - 2282 (Area Code & Daytime Telephone Number)
	(Name of Person) at (954) 892 - 2282 (Area Code & Daytime Telephone Number)
Enclosed is a chec	ek for the following amount:
X \$25.00 Filing F	
	MAILING ADDRESS: STREET/COURIER 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

FILED

2008 JAN -9 PM 3: 32

1. The name of a limited liability company is	SECRETARY OF STATE TALLAHASSEE, FLORID
2. The Articles of Organization were filed on LOGODO 49260	and assigned document number
 3. The date the dissolution was approved: 1-8-200 \$\frac{1}{2}\$ 4. A description of occurrence that resulted in the limited liable 608.441, Florida Statutes, (copy 608.441 on back cover letter company No Longer of End 	er).
 5. CHECK ONE: All debts, obligations and liabilities of the limited land of the debts, olded and the debts and interests. 6. All remaining property and assets have been distributed amongs and interests. 7. CHECK ONE: There are no suits pending against the company in a correct or corre	oligations and liabilities pursuant to s. 608.4421. ong its members in accordance with their respective
Signatures of the members having the same percentage of members	ership interests necessary to approve the dissolution:
Signature Man .	Printed Name MICHAEL RESTICIL