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(Requestor's Name)				
(Address)	_			
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
(•			
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
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Office Use Only



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A SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ			
	(Name of I	Limited Liability Company)	
	return all correspondence concerning this matt	_	
	John Coetzee		
		(Name of Person)	7007 SEP
		(Firm/Company)	
	290 NW 165th St STE	M-100	12 P
		(Address)	P 12: 3
	Miami, FL 33169		DA ,
	(Ci	ty/State and Zip Code)	
For fu	rther information concerning this matter, please	e call:	
	John Coetzee	at (305) 949-9	155
	(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclos	ed is a check for the following amount:		
\$25.	00 Filing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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sts necessary to approve the dissolution
. Printed Name
Coetzee
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FILING FEE: \$25.00