

L060000087840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

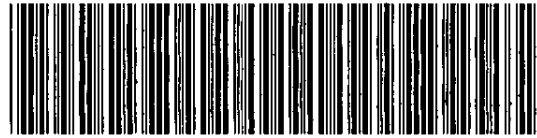
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
SEP 11 2008
EXAMINER

Office Use Only



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09/10/08--01032--001 **25.00

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2008 SEP 10 P 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MyCorporation
From the makers of QuickBooks

26520 Agoura Road
Calabasas, CA 91302

Toll Free: 1-888-692-6771

Direct/Intl: 1-818-879-9079 | Fax: 1-818-879-8005
e-mail: info@mycorporation.com

August 4, 2008

Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Dissolution: GRUPO SCHIAVI LLC

Enclosed are duplicate executed duplicate originals Articles of Dissolution for the above-referenced entity, as well as a check for \$25.00 as the appropriate fee.

Please return a letter of acknowledgment to the undersigned via UPS Account (3W46E4).

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
26520 Agoura Road
Calabasas, CA 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO
THE POST FORMATIONS DEPARTMENT AT 888.692.6771.**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRUPO SCHIAVI LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Post-Formation Filings

(Name of Person)

MyCorporation

(Firm/Company)

26520 Agoura Rd.

(Address)

Calabasas, California 91302

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP 10 P 12:45

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For further information concerning this matter, please call:

Post Formations

(Name of Person)

at (888) 692-6771

(Area Code & Daytime Telephone Number)

Enclosed 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
GRUPO SCHIAVI LLC

2. The Articles of Organization were filed on 09/06/2006 and assigned document number
L06000087840

3. The date the dissolution was approved: July 31, 2008

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Upon the written consent of all the members of the limited liability company

5. **CHECK ONE:**

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

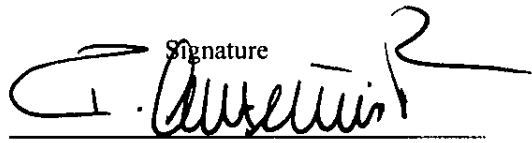
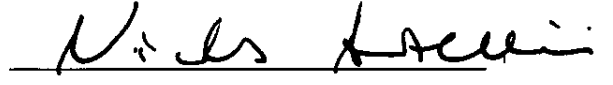
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

- There are no suits pending against the company in any court.
-OR-
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

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TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature	Printed Name
<u></u>	<u>Fernando J. Anzellini, Member</u>
<u></u>	<u>Nicolas Anzellini, Member</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>