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SECRETARY OF STATE ALLAHASSEF, FINDINA

TILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CAPS BOWERY, U.C. (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:	
(Name of Person)	
CAPS Boweey UC ZS 3	-
201 Ahambra ar # 201. ARRY 22 P	
(City/State and Zip Code)	J
For further information concerning this matter, please call: National Concerning this matter, please call: 1	
Enclosed is a check for the following amount: \$\int_{\text{S55.00 Filing Fee}} \text{\$\text{S55.00 Filing Fee} & \$\text{\$\text{Certificate of Status}} \text{\$\text{Certificate of Status}} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy} \text{\$\text{(additional copy is enclosed)}}} \text{\$\text{Certified Copy} \text{\$\text{(additional copy is enclosed)}} \text{\$\text{Certified Copy} \text{\$\text{(additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy} \text{\$\text{(additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy} \text{\$\text{(additional copy is enclosed)}}} \text{\$\text{\$\text{(additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{(additional copy is enclosed)}}} \text{\$\text{\$\text{(additional copy is enclosed)}}} \text{\$\text{(additional copy is enclosed)}}} \text{\$\text{(additional copy is enclosed)}} \text{\$\text{(additional copy is enclosed)}}} \text{\$\text{(additional copy is enclosed)}} \text{\$\text{(additional copy is enclosed)}} \$\text{(additional copy is encl	ed)

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 limite	d <u>li</u> ability company	y is			
	(APS	Bowery	, UC			
1 4 1	Articles of Organ	ization were filed o	n 10 10	ΙΟΨ.	and assigned o	document number
3. The d	late the dissolution	on was approved: _	12/31	07.		
4. A des 608.4	cription of occur 41, Florida Statu	rence that resulted ites, (copy 608.441	in the limited li on back cover	ability company's letter).	s dissolution pursua	nt to section
						· .
			·		SECRE	
5. CHE	CK ONE:				TARY ASSE	
[ny have been paid o liabilities <u>nits</u> uant t	4 * N
6. All re rights					rs in accompanie with	,
7. CHE	CK ONE:		a t 4h a a a a a a a a a a a a a a a a a a	:		
[OR- Adequate pro	suits pending again vision has been ma st it in any pending	de for the satisf	•	gment, order or decr	ee which may be
Signatures o	of the members	naving the same per	rcentage of mer	nbership interests	necessary to approv	e the dissolution:
,	Signature				Printed Name	
√	3	<u> </u>			bringo	MOREIRGE
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		<u>.</u>				
			•			

FILING FEE: \$25.00