106000103355

	- ··· · ·			
(Requestor's Name)				
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)	<u> </u>		
Certified Copies	Certificate:	s of Status		
Special instructions to	Filing Officer:	·		

Office Use Only



600155658926

05/08/09--01009--026 **35.00

2009 JUN 22 PM 1: 36 SECRETARY OF STATE SECRETARY OF STATE

T. CLINE

JUN 23 2009

EXAMINER



May 11, 2009

BLONDELL DENNIS 5823 NW 123RD AVE CORAL SPRINGS, FL 33076

SUBJECT: DEMARDELLE, LLC Ref. Number: L06000103355

We have received your document for DEMARDELLE, LLC and your checks totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 309A00015903

COVER LETTER

	ion Section of Corporations			
SUBJECT:	DEMARDE	ELLE LLC		
	(Name of	Limited Liability Company)		
The enclosed Artic	cles of Dissolution and fee(s) are s	submitted for filing.		
Please return all co	orrespondence concerning this mat	tter to the following:		
_	BLONDELL I	DENNIS ZX Z		
		(Name of Person) (Firm/Company) (Firm/Company) (Address) ARCHE AND JUN 22 PH 1: 36		
_		(Firm/Company)		
_	3350 9	(Address) (Address) (Address)		
_	MILAMAR (C	The 33027 City/State and Zip Code)		
For further inform	ation concerning this matter, pleas	se call:		
BLON	(Name of Person)	at (954) 588 9790 (Area Code & Daytime Telephone Number)		
Enclosed is a check	for the following amount:			
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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				
DEMARDELLE L	- L- C.			
2. The Articles of Organization were filed on	. 23.06	and assigne	ed document numbe	
<u>L06000 1033 55</u> .				
3. The date the dissolution was approved: 5 · 13	09		700 TAI	
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of	ited liability company cover letter).	's dissolution purs	uant to section	
DIRECTOR authorized dis		<u> </u>	22 I	
			FF 3	
)RIG	
5. CHECK ONE:			>	
Adequate provision has been made for the 6. All remaining property and assets have been distributing and interests. 7. CHECK ONE: There are no suits pending against the component of the comp	outed among its memb	ers in accordance	with their respective	
Adequate provision has been made for the entered against it in any pending suit.	sansiaction of any jud	iginent, order or de	ecree which may be	
ignatures of the members having the same percentage of	of membership interest	s necessary to app	rove the dissolution	
Signature	Printed Name			
Blondell Hum -	_	MOELL DE	<u>ی ۲</u> ۱۲	