## 106000122990

(Ře	questor's Name)	
	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

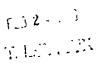
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MARKS DO	Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee Please return all correspondence concerning	
Christon	(Name of Person)
Marks	Derngo Lawo LLC (Firm/Company)
1151 BA	-Himole Anapoles Blud (Address)
Arnold	(City/State and Zip Code)
For further information concerning this matt	ter, please call:
(Name of Person)	MARKS at (410) 647-651C (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of D	issolution   \$\Bigcup \text{\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)}\$
MAILING ADDRES Registration Section	Registration Section
Division of Corporati	
P.O. Box 6327	Clifton Building
Tallahassee, FL 3231	4 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is		
	MARS DIRANGO LOUP LLC		
2.	The Articles of Organization were filed onDCc29200\and assigned document numberLDLOOU122996		
3.	The delayed effective date the dissolution if not effective on the date of filing: \( \frac{12}{3} \) \( \frac{13}{10} \) (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
<b>4</b> .	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).		
	Selling property		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs: Christine Marks man representations		
	USI BULL ALMAN BINESS =		
	Alnold ND 21017		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
(	Oltque Christope & Marks		
	Signature Printed Name		

FILING FEE: \$25.00