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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRA M BAUM DPM, LLC (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:
IRA BAUM DEM (Name of Person)
IRA BAUM DEM PA (Firm/Company)
8940 N Dandage. Dr # 8016
Miami H 33176 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) (Name of Person)
\$25.90 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 10 APR 22 AM II: 49

1. The name of a limited liability company is	TALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: $9/3$	6/2008
4. A description of occurrence that resulted in the limited 1 608.441, Florida Statutes, (copy 608.441 on back cover	liability company's dissolution pursuant to section letter).
-OR-Adequate provision has been made for the debter of the	
Signatures of the members having the same percentage of mer	nbership interests necessary to approve the dissolution:
Signature	Printed Name TRA PAUM DPM
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