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SEGRETARY OF STATE
ALLAHASSEE FLORIC

D. BRUCE

JAN ,1 8 2011

EXAMINER

COVER LETTER

	stration Section ion of Corporations		
SUBJECT:	Coco Lev, LLC		
	(Name of	Limited Liability Company)	
	Articles of Dissolution and fee(s) are s	_	
	Robin Levinson		
		(Name of Person)	**************************************
		(Firm/Company)	≥
	1100 SE 4th Street		
		(Address)	AAR)
	Fort Lauderdale, FL 33	301	
	(C	ity/State and Zip Code)	S S C
For further info	ormation concerning this matter, pleas	e call:	A THE
Rob	oin Levinson	at 954 462-8	3880
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a ch	eck 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)
	Registration Section Registration of Corporations Division P.O. Box 6327 Clifton		porations Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is Coco Lev, LLC			
2. The Articles of Organization were filed on 01/1	1 1 / 0 7 e	and assigned doc	cument number
3. The date the dissolution was approved: 12/31/	/2010		
4. A description of occurrence that resulted in the li 608.441, Florida Statutes, (copy 608.441 on back	imited liability company's disson k cover letter).		to section
The single member Robin Levinso the limited liability company and ha			
managing member	is futfrier resigned as	<u>a</u>	
5. CHECK ONE:			
All debts, obligations and liabilities of the OR-Adequate provision has been made for the	, , ,	•	•
6. All remaining property and assets have been distrights and interests.	ributed among its members in ac	ccordance with t	heir respective
7. CHECK ONE:			
There are no suits pending against the co	ompany in any court.		
OR- Adequate provision has been made for the entered against it in any pending suit.	ne satisfaction of any judgment,	order or decree	which may be
gnatures of the members having the same percentage	of membership interests necess	sary to approve t	he dissolution:
Signature	P	rinted Name	•••
Pleens_	Robin Levir	nson	
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		, K	JAN 16 MED 18
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		787 06	
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