L07000048449	
(Requestor's Name) (Address) (Address)	500130579015
(City/State/Zip/Phone #)	06/03/0801009032 ** 35.00
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED BIVISION OF CORPORATIONS 08 JUN 24 PM 3: 30
Office Use Only	J. BRYAN JUN 2 6 2008

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 5, 2008

OSVALDO CRUZ OAC/METRO, LLC 12540 SW 130 ST #3 MIAMI, FL 33186-6266

SUBJECT: OAC/METRO, LLC Ref. Number: L07000048449

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

You completed the wrong form ____

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) 245-6043.

Joey Bryan **Regulatory Specialist II**

Letter Number: 808A00035006

2020 Sign the forms Enclored & Mail Then. We had dread & Mail Then in May but it was

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

(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) C. / Merso LLC (Firm/Company) 12540 Sw 130 sf # 3 (Address) PH 3: (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (<u>305</u>) <u>256-6655</u> (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Sent as attached

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

1. The name of a limited liability company is.	F DISSOLUTION FOR BILITY COMPANY $\frac{60}{16}$, $\frac{140}{7}$ $\frac{5}{7}$, $\frac{1}{9}$, $\frac{1}{9}$ and assigned document members inted liability company's dissolution pursuant to section over letter).
$\frac{DAC}{Me}$ 2. The Articles of Organization were filed on $\frac{L07000048449}{L07000048449}$	5/7/07 and assigned document register $16/98$
L07000048449	(16/08
	$\frac{1668}{1668}$ ited liability company's dissolution pursuant to section over letter).
3. The date the dissolution was approved: $_$	ted liability company's dissolution pursuant to section over letter).
4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back c	
The rampany never did	any business transactions and
all owners agreed the	it it was in the best interest
to terminate the compa	ny
5. CHECK QXE:	
All debts, obligations and liabilities of the -OR-	limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distrib rights and interests.	outed among its members in accordance with their respective
7. CHECK ØNE:	
There are no suits pending against the com $-$ OR-	ipany in any court.
	satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage o	f membership interests necessary to approve the dissolution:
Signature	Printed Name
Mar -	Could Cruz
() los	OHAN du CRUZ
J.L. W. D.	Torge L Grday

1.

FILING FEE: \$25.00

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Abbey Fiallo