## LOTOCOCOSOL

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |

Special Instructions to Filing Officer:

L. SELLERS

APR 14 2009

**EXAMINER** 

Office Use Only



300149611373

04/13/09--01036--005 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |
|---|--|--|
| SUBJECT: Promentor 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:   |  |  |
| Michael O. Boaz<br>(Name of Person)   |  |  |
|   |  |  |
| (Firm/Company)  |  |  |
| 2858 NW 4+h Ln (Address)  |  |  |
| Gainesville FL 32607 (City/State and Zip Code)  |  |  |
| For further information concerning this matter, please call:  |  |  |
| Michael O. Boaz at (352) 339-6929 (Area Code & Daytime Telephone Number)  |  |  |
| Enclosed is a check for the following amount:   |  |  |
| \$25.00 Filing Fee  Certificate of Status  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| MAILING ADDRESS: STREET/COURIER ADDRESS:  |  |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

## FILED

09 APR 13 AM 8: 41

| 1. The name of a limited liability company is  Promentor LL(  | SECRETARY OF STATE TALLAHASSEE FLORID   |
|---|---|
| 2. The Articles of Organization were filed on (0  | $\frac{21/2007}{}$ and assigned document number   |
| 3. The date the dissolution was approved:   | 9/2009  |
| 4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co |   |
| Written consent of all  | members of limited liability  |
| company.  |   |
|   |   |
| 5. CHECK ONE:   |   |
| OR-   | imited liability company have been paid or discharged.  lebts, obligations and liabilities pursuant to s. 608.4421. |
| <ol><li>All remaining property and assets have been distributing the rights and interests.</li></ol>          | ated among its members in accordance with their respective  |
| 7. CHECK ONE:   |   |
| There are no suits pending against the comp   |   |
| Adequate provision has been made for the sentered against it in any pending suit.                             | atisfaction of any judgment, order or decree which may be   |
| Signatures of the members having the same percentage of   | membership interests necessary to approve the dissolution:  |
| Signature   | Printed Name  |
| Michael O. Booz   | Michael O. Boaz   |
| Mary orm Goos   | Maryanne Bogz   |
|   |   |
| <u></u>   |   |