L07000069179

(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:					
·					
·					

Office Use Only



800146756258

03/24/09--01015--002 **25.00

09 MAR 24 PM 12: 50
SECRETARY OF STATE

J. BRYAN

MAR 9 5 2009

EXAMINER

COVER LETTER

SUBJECT:	Division of Corporations	
The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: County Coun		
Please return all correspondence concerning this matter to the following: Continue of Person	(Name of Limited Liability Company)	
Please return all correspondence concerning this matter to the following: Continue of Person		
For further information concerning this matter, please call: Endosed is a check for the following amount: Section Sectio	The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
(Firm/Company) ARE JAR 24 PR 75 STATE (Firm/Company) FOR MAR 24 PR 75 STATE (Address) For further information concerning this matter, please call: (City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (S25.00 Filing Fee & Certificat Copy (additional copy is enclosed) (Certificate of Status & Certificed Copy (additional copy is enclosed)	Please return all correspondence concerning this matter to the following:	
For further information concerning this matter, please call: County Code	(Name of Person) ARE TAR AND AND AND AND AND AND AND A	Characteristics F
For further information concerning this matter, please call: Color Color	(Firm/Company)	
Enclosed is a check for the following amount: S25.00 Filing Fee 30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (certified Copy (additional copy is enclosed)) Certified Copy (certified Copy		
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: [For further information concerning this matter, please call:	
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy		
	\$25.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company	is Mi	Scast	nLLC	OF STA
2. The Articles of Organization were filed on <u>LO700069179</u> .	7/2	107	t and assigned d	ocument number
3. The date the dissolution was approved:	3/3	109		
4. A description of occurrence that resulted in 608.441, Florida Statutes, (copy 608.441 of 1997)	the limited lin back cover l	ability company's letter).	dissolution pursuan	t to section
5. CHECK ONE: All debts, obligations and liabilities one-ore-dequate provision has been made. 6. All remaining property and assets have been rights and interests. 7. CHECK ONE: There are no suits pending against one-ore-dequate provision has been made entered against it in any pending suits.	e for the debts, en distributed a the company e for the satisfa	, obligations and lamong its member	iabilities pursuant to	s. 608.4421.
Signatures of the members having the same perc	entage of men	nbership interests	necessary to approve	the dissolution:
Signature Spallall		Eve	Printed Name IEAE HA	milton
		<u>'</u>		