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SECRETARY OF STATE
SHAWARSSEE, FLORIDA

N. Collegua AFK 1 3 2018

COVER LETTER

Division o	on Section of Corporations
SUBJECT: Ara	indor LLC
	(Name of Limited Liability Company)
The enclosed Artic	les of Dissolution and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
N	lichael O'Brien
	(Name of Person)
<u></u>	(Firm/Company)
2	579 Sawgrass Lake Court
_	(Address)
<u>C</u>	Cape Coral. FL 33909
	(City/State and Zip Code)
For further informa	ation concerning this matter, please call:
Micha	el O'Brien at (239) 849-3388
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check f	for the following amount:
√ \$25.00 Filing Fee	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

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

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10 APR 12 PM 12: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA
/2007 and assigned document number
010
ted liability company's dissolution pursuant to section over letter).
imited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. uted among its members in accordance with their respective bany in any court. satisfaction of any judgment, order or decree which may be
membership interests necessary to approve the dissolution:
Printed Name
Michael O'Brien