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C. LEWIS

AUG 1 8 2009

EXAMINER

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: NORRCOMPUTERS, 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:		
HICHAM LAZRAK		
(N	ame of Person)	
NORRCOMPUTERS, LLC		
(Firm/Company)		
5902 MEMORIAL HWY APT 1106		
(Address)		
TAMPA / FLORIDA / 33615		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
HICHAM LAZRAK	at (813) 3007601	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee 30.00 Filing Fee &	\$55.00 Filing Fee & \$60.00 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	Registration Section	
Division of Corporations	Division of Cornorations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

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SECRETARY OF STATE

TALLAHASSEE
7 and assigned document number
ility company's dissolution pursuant to section er). MPUTERS, LLC since i create it
liability company have been paid or discharged. bligations and liabilities pursuant to s. 608.4421.
ong its members in accordance with their respective
any court.
ion of any judgment, order or decree which may be
ership interests necessary to approve the dissolution:
Printed Name
HICHAM LAZRAK