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EXAMINER



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SECRETÁRY OF STAIR

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: NATIONAL STAFF JANITORAL, LLC	•
	(Name of Limited Liability Company)	· · · ·
The end	sed Articles of Dissolution and fee(s) are submitted for filing.	
Please	urn all correspondence concerning this matter to the following:	
	n- · · · · · · · · · · · · · · · · · · ·	
	PETER XIDIS (Name of Person)	
	NATIONAL STAFF JANITORIAL L	10
	,	
	G601 SHERIDAN STREET	
	(Address)	this matter to the following: XIDIS (Name of Person) STAFF JANITORIAL LIC (Firm/Company) SHERIPAN STREET (Address) YWOOD FL 33024 (City/State and Zip Code) er, please call: at (305) 970 - 5554 (Area Code & Daytime Telephone Number) ee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S: STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
	MOLLYWOOD, FC 33024	:
	(City/State and Zip Code)	
For fur	er information concerning this matter, please call:	·
i or run		
	PETER X (DIS. at (305) 970-	5554
	(Name of Person) (Area Code & Daytime Te	elephone Number)
Enclose	s a check for the following amount:	
\$ 25.0	Certificate of Status Certified Copy	Certificate of Status & Certified Copy
i j	Registration Section Registration Section Division of Corporations Division of Corporations	on rations enter Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

NATIONAL STA	FF JAI	VITORIAL	LLC		·
2. The Articles of Organization were filed on	18/07	and	assigned doc	ument numl	ber
3. The date the dissolution was approved: 1018	308	·			
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back collision for Section 608.441 (1) (a)					
all the members of	NATIONA	LSTAFF	JANTO	ZH MZ LI	<u>. C</u>
5. CHECK ONE:					
All debts, obligations and liabilities of the li -OR- Adequate provision has been made for the d				_	
6. All remaining property and assets have been distriburights and interests.	ted among its n	nembers in acco	ordance with t	heir respecti	ive
7. CHECK ONE:					
There are no suits pending against the comp OR- Adequate provision has been made for the se entered against it in any pending suit.	•		der or decree	which may l	be
gnatures of the members having the same percentage of	membership int	erests necessary	y to approve t	he dissolutio	on:
Sknature		Prin	ted Name		
and the state of t		PETER	, 2181 X		
		r		0	DIVE BS
				08 OCT 23	HCRET.
				7	# <u></u>
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					현체 ' 로이 변화
					27 to 1

FILING FEE: \$25.00