LO7001	109195
(Requestor's Name) (Address) (Address)	400240661994
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	DEPARTMENT OF STATE 12 NOV 15 PH 4:31
Office Use Only B. KOHR NOV 1 6 2012 EXAMINER	12 NOV 15 PH 1:01 SEGNETARIASSEE FLORIDA



CORPORATION SERVICE COMPANY

	ACCOUNT NO.	:	1200000001	95	
	REFERENCE	:	424147	7521141	
	AUTHORIZATION	:	Spulle	enan	٢
	COST LIMIT	:	\$ (25,00		12 12 14 14 14 14 14 14 14 14 14 14 14 14 14
ORDER DATE :	November 15, 201	2			F. 5 1.
ORDER TIME :	12:51 PM				
ORDER NO. :	424147-035				FLORE OI
CUSTOMER NO:	7521141				

DOMESTIC FILINGS

NAME: KAMALA HAINES CITY QSR INVESTORS LLC

XX____ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ____ CERTIFIED COPY
- XX_____ PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

MAMALA HAINES CITY OSR INDESTORS LLL

2. The Articles of Organization were filed on 1012912007 and assigned document number

L07000109195

3. The date the dissolution was approved:

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

ENTITY NO LONDER DUNS ANY ASSETS

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5. CHECK ONE:

All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

There are no suits pending against the company in any court.

-OR-Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

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HICHAEL	h.E	DERMAN	_

Printed Name .

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FILING FEE: \$25.00