L07000115341

| (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: | | | |
| | | | |
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| | | | |
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Office Use Only



600176321536

04/23/10--01021--005 **25.00

SECRETARY OF STATE TALLAHASSEE: FLORID

S. HAWKES

APR 2 6 2010

EXAMINER

COVER LETTER

| | Registration Section Division of Corporations | • | |
|--------------------|--|---|--|
| SUBJEC | T: MATTMO LLC | | |
| | (Name of | Limited Liability Company) | |
| The enclo | osed Articles of Dissolution and fee(s) are so | ubmitted for filing. | |
| Please ret | turn all correspondence concerning this mat | ter to the following: | |
| | Sylv | ria Scott-Morales | |
| | · | (Name of Person) | |
| MATTMO LLC | | | |
| | | (Firm/Company) | |
| | 2110 SE Gaslight St. | | |
| | D - 4 O - 1 | (Address) | |
| | | nt Lucie, FL 34952 ty/State and Zip Code) | |
| | (- | · | |
| For further | er information concerning this matter, pleas | e call: | |
| _ | Sylvia Scott-Morales | at (772) 335-7786 | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed i | s a check for the following amount: | | |
| √ \$25.00) | Filing Fee & Certificate of Status | \$55.00 Filing Fee & Scertified Copy (additional copy is enclosed) \$\text{Solution}\$ \$\text{Solution}\$ \$\text{Solution}\$ \$\text{Certified Copy}\$ (additional copy is enclosed) | |
| | MAILING ADDRESS: | STREET/COURIER ADDRESS: | |
| | Registration Section Division of Corporations | Registration Section Division of Corporations | |
| | P.O. Box 6327 | Clifton Building | |
| | Tallahassee FI 32314 | 2661 Evecutive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| The name of a limited liability company is MATTMO LLC | 20 6 |
|--|--|
| 2. The Articles of Organization were filed on11/15/07 L07000115341 | and assigned document number |
| 3. The date the dissolution was approved: 1/31/10 | |
| 4. A description of occurrence that resulted in the limited lia 608.441, Florida Statutes, (copy 608.441 on back cover le | |
| Business did not return any profit in two | vo years and I could not longer pay |
| | |
| 5. CHECK ONE: | |
| All debts, obligations and liabilities of the limited OR-Adequate provision has been made for the debts, | d liability company have been paid or discharged. obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distributed a rights and interests. | |
| 7. CHECK ONE: | |
| There are no suits pending against the company i -OR- Adequate provision has been made for the satisfa entered against it in any pending suit. | n any court. action of any judgment, order or decree which may be |
| gnatures of the members having the same percentage of mem | bership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| A Home | Sylvia Scott-Morales |
| | |
| | |
| | |