Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000092046 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA,

Account Number: I20040000173 : (407)298-4646 Phone Fax Number : (407)297-0588

### LLC DISSOLUTION OR WITHDRAWAL PREMIER FAUX, LLC

| IVED | AM 8: 04  | OF STATE<br>E. FLORIDA |
|------|-----------|------------------------|
| RECE | 11 APR -8 | SECRETARY<br>ALLAHASSE |

| Certificate of Status | 1       |
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| Estimated Charge      | \$30.00 |

D. BRUCE

APR 11 2011

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**EXAMINER** 

## FAX ANDIT # 4110000920463

#### **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Premier Faux, LLC  |
| (Name of Limited Liability Company)   |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing.   |
| Flease return all correspondence concerning this matter to the following:   |
| James K. Duerr, CPA   |
| (Name of Person)  |
| Small Business Resources USA, Inc.  |
| (Fir:n/Company)   |
| 1601 Park Center Drive, Ste. 6A   |
| (Address)   |
| Orlando El 32835  |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| James K. Duerr, CPA at ( 407 ) 298-4646   |
| (Name of Person) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   |
| \$25,00 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:

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

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FAX AUDIT # H 110000 920463

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is Premier Faux, LLC   |   |  |
|---|---|--|
| 2. The Articles of Organization were filed on 1 L07000117342  | 1/21/2007 and assigned document number  |  |
| 3. The date the dissolution was approved: Mar   | ch 31,2011  |  |
| 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).  Pursuant to Florida Statute 608.44191)(c), the limited liability company |   |  |
|   | ten consent of all of the members.  |  |
| 5. CHECK ONE:   | · · · · · · · · · · · · · · · · · · ·   |  |
| OR-Adequate provision has been made fo  | the limited liability company have been paid or discharged, the debts, obligations and liabilities pursuant to s. 608.4421. |  |
| rights and interests.   | istributed among its members in accordance with their respective  |  |
| 7. CHECK ONE:  There are no suits pending against the   | company in any court.   |  |
|   | the satisfaction of any judgment, order or decree which may be  |  |
| Signatures of the members having the same percents  | ge of membership interests necessary to approve the dissolution:  |  |
| Signature   | Printed Name  |  |
| "Chabella Sagar   | Elizabeth A. Draper, MGRM   |  |
|   | AR AP   |  |
|   | See A See A   |  |
|   |   |  |
|   |   |  |
|   | RIDA<br>RIDA  |  |

**FILING FEE: \$25.00** 

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