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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

CabinetLiquidator.com, 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:

Deborah Kriner						
(Name of Person)						
CabinetLiquidators.com, LLC						
(Firm/Company)						
1061 E Indiantown Road, Suite 500						
(Address)						
Jupiter, FL 33477						
(City/State and Zip Code)						

For further information concerning this matter, please call:

Deborah Kriner at (561) 472-0232 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee. Certificate of Dissolution & 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi					_•
2.	The Articles of Organization	on were filed on Decer	mber 14, 2007	and assigned		
	document number	_07000124459				
3.	The delayed effective date (effective) Note: If the date inserted in listed as the document's effective date.	e date cannot be prior to or this block does not meet	more than 90 days later the applicable statutor	than date document is receive ry filing requirements, this		
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the li (copy 605.0707 on ba	mited liability comp ck cover letter).	any`s dissolution pursua	ant to sect	tion
	Dissolution Adopted by Board	of Directors	·			
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5.	If there are no members, er	nter the name and addr	ess of the person ap	pointed to wind up the c	ompańy':	-20 s
	activities and affairs:	Deborah Kriner		· · · · · · · · · · · · · · · · · · ·		_
		1061 E Indiantown R	load, Suite 500			_
		Jupiter, FL 33477				_
		561-472-0232				_
6. lis	Signature of an authorized sted above to wind up the co	person or if there are impany's activities and	no members, the sign I affairs:	nature of the person appo	ointed and	d
_			Deborah Kriner			
	Signature			Printed Name		-
- 1	· / \ /)	FILING	G FEE: \$25.00			