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(Address) (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: A. LUNT JUN 0 2 2008 EXAMINER	
(City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT JUN 0 2 2008	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT JUN 02 2008	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT JUN 02 2008	(Address)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT JUN 0 2 2008	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT JUN 0 2 2008	PICK-UP WAIT MAIL
Special Instructions to Filing Officer: A. LUNT JUN 0 2 2008	(Business Entity Name)
Special Instructions to Filing Officer: A. LUNT JUN 02 2008	(Document Number)
A. LUNT JUN 0 2 2008	Certified Copies Certificates of Status
JUN 0 2 2008	

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RECRETARY OF STATE

TALLAHASSEF FINALE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MODATATOO, LLC (Name of Limit	ed Liability Company)		
·			
The enclosed Articles of Dissolution and fee(s) are submit	-		
Please return all correspondence concerning this matter to	the following:		
P. TRISTAN BOURGOIG	NIE, ESQ.		
(Nan	ne of Person)		
TRISTAN BOURGOIGNII	Ξ, P.A.		
(Fire	n/Company)		
1200 ANASTASIA AVE, #	/ 410	TALL SEC	
(Address)	2000 MAY SECRETA	
CORAL GABLES, FL 331	34	30 ARY ARS	
(City/Sta	te and Zip Code)	T P	
For further information concerning this matter, please call	:	3: 51 STATE LORID!	O
T. BOURGOIGNIE, ESQ.	at (305) 200 (0350	
(Name of Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a check for the following amount:			
\$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fer Certificate of Status Certified Copy (additional copy is	s &
MAILING ADDRESS:		RIER ADDRES	S:
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is MODATATTOO, LLC.
2. The Articles of Organization were filed on LO8000001091
3. The date the dissolution was approved: MAY 1, 2008
 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). ALL MEMBERS OF THE LIMITED LIABILITY COMPANY HAVE VOTED TO
APPROVE THIS DISSOLUTION.
5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been and or attacharged. OR- OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to \$508.441] 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 better which may be entered against it in any pending suit. Signatures of the members having the same perceptage of membership interests necessary to approve the dissolution:
Signature Printed Name
ELI EROCH
ORIT GILAD
DAMIEN DEVEZE
LAURENT MANIFACIER
KATIA MANIFACIER

FILING FEE: \$25.00