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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 1 7 2009

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corp	cion orations		
SUBJECT:	DRI MUNI (Name of Lim	ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
Lt	ber Mun	ame of Person)	
(Lo	ri Munn.	irm/Company)	
$\frac{0}{3}$ $\frac{3}{3}$ $\frac{140}{3}$	7 Crescer	t St.	,
1709 Am	es, Icua	(Address) 50010	
For further information co	oncerning this matter, please cal	tate and Zip Code)	•
Lori	Munn (Name of Person)	at (954) 54 (Area Code & Daytime	0-9076 Telephone Number)
England in a short factor of	Manda a managa		
Enclosed is a check for the for \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

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