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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: UMONSKY Restaurant by (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for fiting. Please return all correspondence concerning this matter to the following:
The second states and correspondence concerning this matter to the tollowing;
William D. Uman Sky = =
の/A A A B A B B E T
(Simple annual)
1945 E. Michigan 8t
(Addedss)
ORlando FL 32806
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (40) 208 3888 (Area Code & Daytime Telephone Number)
(Nea Code & Daytime Telephone Number) Peclosed is a check for the following amount: \$22.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

