

# L08000030301

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

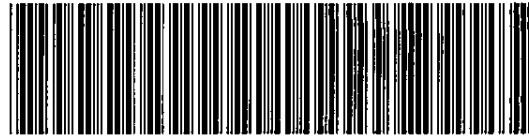
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800188156988

12/07/10--01021--013 \*\*25.00

FILED  
2010 DEC -7 PM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 8 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Landau Designs 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:

Robert H. Aschheim, Esq.

(Name of Person)

Robert H. Aschheim, Pa

(Firm/Company)

18851 NE 29 Ave. - Suite 1010

(Address)

Aventura FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert H. Aschheim

(Name of Person)

at

305

(Area Code & Daytime Telephone Number)

937-0051

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 Fee,  
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

FILED

2010 DEC -7 PM 06

1. The name of a limited liability company is  
**LANDAU DESIGNS LLC**

2. The Articles of Organization were filed on 03/25/2008 and assigned document number L08000030301.

3. The date the dissolution was approved: 12-7-10

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).

## WRITTEN CONSENT OF ALL MEMBERS

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

**7. CHECK ONE:**

**Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:**

Printed Name

STM FMP Financial Services LLC

DAVID LANDAU

# Mina Hyman

**FILING FEE: \$25.00**