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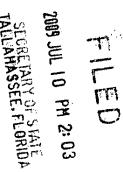
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JUL 1 3 2009 EXAMINER



COVER LETTER

Division of Corporations		
SUBJECT: ISMART LLC		
(Name of Limited Li	ability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this matter to the f	ollowing:	
FRANCIS E FLORES		
(Name of	Person)	
(Firm Company)		
647 WOODGATE LN		
(Address)		
SUNRISE - F		
(City State and	l Zip Code)	
For further information concerning this matter, please call:		
FRANCIS E FLORES	at (786) 247-7295	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status	\$60.00 Filing Fee & Sertified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
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

FILED

2089 JUL 10 PM 2: 03

SECRETARY OF STATE

1. The name of a limited liability company is iSMART LLC		SECREJART OF TADLAHASSEE, FI
2. The Articles of Organization were filed on	04/30/2008	and assigned document number
3. The date the dissolution was approved:	06/30/2009	·
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on ba	e limited liability companack cover letter).	y's dissolution pursuant to section
STOP ACTIVITIES / BUS	INESS CLOSE	ED
entered against it in any pending suit.	r the debts, obligations an istributed among its mem company in any court.	nd liabilities pursuant to s. 608.4421. There in accordance with their respective sudgment, order or decree which may be
Signatures of the members having the same percental Signature	age of membership intere	sts necessary to approve the dissolution: Printed Name
Travio CFCores	FRA	NCIS E FLORES
Mafforgaran .	MAF	RIA E GUILLEN
	- 1 1 .	

FILING FEE: \$25.00