(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

MAR -1 2011

EXAMINER

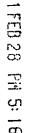
Office Use Only

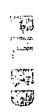


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02/28/11--01046--007 **25.00







COVER LETTER

Division of Corporations
SUBJECT: PPORTO, 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:
CALPH F. PORTO (Name of Person)
(Name of Person)
(Firm/Company)
8133 CANYON LAKE CIRCLE (Address)
ONLANDO, FL 32835 (City/State and Zip Code)
For further information concerning this matter, please call:
NALPH DOTO at 407 977 6676 (Name of Person) (Area Code & Daytime Telephone Number)
Englosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned document number
ty company's dissolution pursuant to section
inception and does not
bility company have been paid or discharged. igations and liabilities pursuant to s. 608.4421. ng its members in accordance with their respective ny court. n of any judgment, order or decree which may be
hip interests necessary to approve the dissolution: Printed Name
RALPH F PORTO
728 PH 5

FILING FEE: \$25.00