## L08000061204

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JUL 31 2012

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CORPORATION DISSOLUTION	<del></del> .
DOCUMENT NUMBER: L08000061204	
The enclosed <b>Articles of Dissolution</b> and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
,	
ROB CROWDER	, , , , , , , , , , , , , , , , , , ,
(Name of Contact	Person) ALC
	Person) SECRETARY ALLAHASSI
MARY OSBORN, L.L.C. (Firm/Compa	ny) : : : : : : : : : : : : : : : : : : :
	FLORA 9:
1207 E. 29TH PLACE (Address)	
,	
TULSA, OK 74114	·
(City/State and Zip	·
For further information concerning this matter,	please call:
ROB CROWDERat	(918) 599-0527
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	•
x \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability comp	pany is	, 	A Section of the sect
2. The Articles of Organization were file	ed on 6-23	\$ 08 a	nd assigned document frambet
3. The date the dissolution was approved	d: <u>6-1-1</u>	2	
4. A description of occurrence that resul 608.441, Florida Statutes, (copy 608.4		ما ا	
THE SOLE M	ember of	The LLC	- WAS DIED.
	MI ARCL	**************************************	
5. CHECK ONE:  All debts, obligations and liable of the control of	made for the debts,	obligations and liabilitie	es pursuant to s. 608.4421
7. CHECK ONE:			
There are no suits pending ag OR- Adequate provision has been entered against it in any pend	made for the satisfaing suit.		
Signatures of the members having the same	percentage of mem	bership interests necessa	ary to approve the dissolution:
Signature		Poh C	inted Name
	-		
	-	\$5	
	-	<u>-</u>	
	- <u>.</u> .	<del> </del>	<del></del>

FILING FEE: \$25.00 --