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SECKETARY OF STATE
AND ARRASSES. FLORID

D. BRUCE
MAR 21 2011
EXAMINER

COVER LETTER

	ation Section n of Corporations				
subject: M	AY FINANCE COMPA	ANY LLC Limited Liability Company)			
	ticles of Dissolution and fee(s) are s	_			
	FRANK MCPHILLIPS	(Name of Person)			
	MCPHILLIPS LAW FI	RM PA (Firm/Company)			
	255 ALHAMBRA CIR	CLE; #850 (Address)		Per -	
	CORAL GABLES, FL	33134 ,. ity/State and Zip Code)		1 MAR 18 EURETARN	7
	mation concerning this matter, pleas		0.440	B PH ST	LED
FRAI	(Name of Person)	at (305) 374- (Area Code & Daytin	-0448 ne Telephone Numb		
Enclosed is a check \$25.00 Filing Fe	te Status See Status Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate of S Certified Copy (additional cop	Status &	
	MAILING ADDRESS: Pagintration Section	STREET/CO	URIER ADDR	RESS:	

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

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on AUC L08000076354	G. 8, 2008 and assigned document number
3. The date the dissolution was approved: MARC	CH 1, 2011
4. A description of occurrence that resulted in the lin 608.441. Florida Statutes, (copy 608.441 on back	mited liability company's dissolution pursuant to section cover letter). ne members of the limited liability company
5. CHECK ONE:	
-OR-	ne limited liability company have been paid or discharged.
_ · · ·	ne debts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distrights and interests.	ributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the con-	ompany in any court.
Adequate provision has been made for the	ne satisfaction of any judgment, order or decree which may be
, , , , , , , , , , , , , , , , , , ,	
gnatures of the members having the same percentage	of membership interests necessary to approve the dissolution
	of membership interests necessary to approve the dissolution Printed Name
gnatures of the members having the same percentage Signature	Printed Name
	Printed Name
	Printed Name
	ELENA PEREZ-CARRIELO
	Printed Name ELENA PEREZ-CARE

FILING FEE: \$25.00