## L08000080928

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>→</b> #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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SECRETARISSEE, FLORIDA

TALLANIASSEE, FLORIDA



J. BRYAN

OCT 1 5 2010

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2010

MATYLDA MCILVENNY 4470 NW 17TH AVE OAKLAND PARK, FL 33309

SUBJECT: RELIC DWELLERS LLC

Ref. Number: L08000080928



PLEASE USE THESE FUNDS WITH THIS CORRECTED FORM. IF POSSIBLE, REASE CREDIT "MATYLDA MCILLVENNY" WITH

ANY OVERAGE,

We have received your document for RELIC DWELLERS LLC and your check(s) AS NO BANK totaling \$52.50. However, the enclosed document has not been filed and is being ACCOUNTS returned for the following correction(s):

You completed the wrong form

NAME REUL DWEWERS"

We are enclosing the proper form(s) with instructions for your convenience.

THANK YOU!

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

-MATYLDA MULVENNY

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 810A00023298

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www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RELIC DWELLERS LC (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:
MATYLDA MCILVENNY (Name of Person)  (Firm/Company)  4470 NW 17 <sup>th</sup> AVE
(Firm/Company)
4470 NW 17 M AVE (Address)
A470 NW 17th AVE  (Address)  OAKLAND PARK, FL 33309  (City/State and Zip Code)
For further information concerning this matter, please call:
MAMUDA MCILVENNY at (954) 980 - 7139 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  S55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

1. The name of a limited liability company is	
	The state of the s
RELIC DWELLERS LLC	
2. The Articles of Organization were filed on AUGUST	25, 2008 and assigned document number
3. The date the dissolution was approved: 10-01-2	<u>2010                                   </u>
4. A description of occurrence that resulted in the limited lia 608.441, Florida Statutes, (copy 608.441 on back cover le	ability company's dissolution pursuant to section etter).
PARTNERS ARE RELOCATING OVE	RSEAS
5. CHECK ONE:	
All debts, obligations and liabilities of the limite	d liability company have been paid or discharged
C-OR-	
	obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have been distributed a rights and interests.</li> </ol>	among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company	in any court.
-OR-	·
entered against it in any pending suit.	action of any judgment, order or decree which may be
·	
Signatures of the members having the same percentage of mem	bership interests necessary to approve the dissolution:
Signature	Printed Name
	MATYLDA MCILVENNY
1	THE PERIOD OF TH
	ERIAN AKILVENIJ,

FILING FEE: \$25.00