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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entry Name)			
(Document Number)			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	stration Section ion of Corporations	
CUBICAT	JETRONTE LIC	
SUBJECT: (Name of Limited Liability Company)		
The enclosed A	Articles of Dissolution and fee(s) are submitted for filing.	
Please return al	all correspondence concerning this matter to the following:	
	NEIL EMMOTT	
(Name of Person)		
		•
	(Firm/Company)	
	· 1535 SE 17 14 ST , S	uite 103
	FORT LAUDENDALE FOR (City/State and Zip Code)	33316
	(City/State and Zip Code))
For further info	ormation concerning this matter, please call:	
,	NEIL at (95	14, 205.0066
		ea Code & Daytime Telephone Number)
Enclosed is a che	eck for the following amount:	
\$25.00 Filing I	Certificate of Status Certified Co	
		TREET/COURIER ADDRESS: Registration Section
	Division of Corporations	Division of Corporations
		Clifton Building 661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	ETROUTE LIC
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: 4/2	6 11
4. A description of occurrence that resulted in the limited	l liability company's dissolution pursuant to section
•	
5. CHECK ONE:	
☐-OR-	oited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distribute	ed among its members in accordance with their respective
rights and interests.	, ,
7. CHECK ONE: There are no suits pending against the compar	ny in any court.
OR-	isfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Signature .	NEIL EMMOTT
Mund	NEIL EMMOTT Jamie Stamber
	SE TAGE
	AAY T
	ARY 2
	SSEY OF PA IT CONTINUE OF SEE: \$25.00
· FILING I	FEE: \$25.00