## W8000102837

(Requestor's Name)			
(Address)			
(Address)			
•	,		
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificate	es of Status		
Considerations to Elling Officer			
Special Instructions to Filing Officer:			

Office Use Only



900146131959

03/19/09--01007--021 \*\*25.00

SECRETARY OF STATE

M. THOMAS

MAR 2 0 2009

**EXAMINER** 

## · COVER LETTER

	ration Section on of Corporations			
SUBJECT: _		CONSULTING mited Liability Company)		
The enclosed A	rticles of Dissolution and fee(s) are sub	omitted for filing.		
Please return al	l correspondence concerning this matter	r to the following:		
	MARYELLE	Name of Person)		
	ME PORTA	CONSULTING (Firm/Company)	· ···· · · · · · · · · · · · · · · · ·	
	2515 3/	(Address)	SECRETAL TALL AHAS	FILED ANII: 06
	NAPLES (City	FL 34109 (State and Zip Code)	SEE FIG	lo Wil:
For further info	rmation concerning this matter, please of	call:	HIDA	06
_17.	ARY ELLEN PORTA (Name of Person)	at ( 239 ) 59 (Area Code & Daytime	G-1450 Telephone Number)	
Enclosed is a che	ck for the following amount:			
\$25.00 Filing I	Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS: Registration Section	STREET/COU Registration Sec	RIER 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	
ME FORTA CONSULTING	
2. The Articles of Organization were filed on Nov. 3	and assigned document number
3. The date the dissolution was approved: DEC, 31	3008.
4. A description of occurrence that resulted in the limited liability 608.441, Florida Statutes, (copy 608.441 on back cover letter)	y company's dissolution pursuant to section
DECIDED NOT TO PURSU	E WORK / NEVER USE
RETIRED	
5. CHECK ONE:  All debts, obligations and liabilities of the limited liabilities of the limited liabilities of the debts, obligations and liabilities of the limited liabilities of the debts, obligations and liabilities of the limited liabilities.  6. All remaining property and assets have been distributed among rights and interests.	gations and liabilities pursuant to s. 608.4421.  g its members in accordance with their respective
7. CHECK ONE:	LAH.
There are no suits pending against the company in an	y court.
Adequate provision has been made for the satisfaction entered against it in any pending suit.	STATE ORIDA
Signatures of the members having the same percentage of members	hip interests necessary to approve the dissolution:
Signature	Printed Name
May Eller Forta	MARY-FLIEN PORTA
•	

FILING FEE: \$25.00