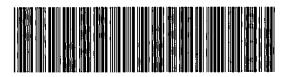
000105189

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
AUG -9 2010		

EXAMINER

Office Use Only



200183628872

08/06/10--01019--007 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: NO Problem Services UC	
(Name of Limited Liability Compan	у)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Aimee Billings (Name of Person)	**************************************
(Firm/Company)	
5415 house of	
(Address)	
FORT PIERCE F1. 34982 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Aimee Billings at (772 (Name of Person) (Area Coo	519-6514 de & Daytime Telephone Number)
•	
Enclosed is a check for the following amount: \$25.00 Filing Fee & Certificate of Status Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is	Certificate of Status &
Registration Section Registration of Corporations Division P.O. Box 6327 Cliftor Tallahassee, FL 32314 2661	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
No Problem Servius, 2	L
2. The Articles of Organization were filed on	
 OR-Adequate provision has been made for the defendance of the defendance of	imited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. 608.4421. Ited among its members in accordance with their respective bany in any court. atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
A Signature	Printed Name
Minu Billings	Aim & Billings
	≨ g g
	SE CRETANA
	AUG-6 PM