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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE ON OIVISION OF CORPORATION

N. Cuttigan MAY - 4 2011

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: A-I-M. Financial Services, UC (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:				
Philip V. Zeman (Name of Person)				
A.I.M. Financial Services (Firm/Company)				
3140 NW 107 AVE				
Coral Springs, FC 33065				
For further information concerning this matter, please call:				
Philip V. Zeman at (454) 340-1549 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$560.00 Filing Fee, Certified Copy (additional copy is enclosed)				

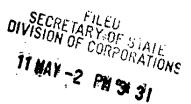
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



CLL	, LC	د
8	and	assigned document number
,		on pursuant to section
+8	be	generatel
ions and lia	ibilities _l	een paid or discharged. pursuant to s. 608.4421. rdance with their respective
interests no	•	to approve the dissolution: ed Name U · Zeman
t i	y company ions and lias members	and 3 1 2011 company's dissolution be Ty company have be fons and liabilities in s members in accordance ourt. any judgment, ord interests necessary Print