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(Requestor's Name)	
(Address)	200
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(City/State/Zip/Phone #)	05/0
(Business Entity Name)  (Document Number)	
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

MAY - 4 2009

**EXAMINER** 

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OPHAY -1 AM 8: 55

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: QUADRIGA MANAGEMENT LLC (Name of Limited Liability Company)						
(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:						
Mayra Pita - Clauberg (Name of Person)						
A Quadriga Management LLC						
911 W. Cornelius Ave.						
Taupa, Ph. 33603 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Nayra Pita - Clauberg at (813) 236-6242  (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  \$55.00 Filing Fee &  Certificate of Status  Certificate of Status &  Certificate of Status &  Certified Copy (additional copy is enclosed)  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

## FILED 09 MAY -1 AM 8: 55

SECRETARY OF STATE-TALLAHASSEE FLORIDA

	a limited liability co				TALLAHASS	EE FLORIC
<u> </u>	AORIGA	MANA	GEMEN'	1 LL	<u> </u>	·
2. The Articles o	of Organization were	filed on	2/3/ 20	08an	d assigned docume	ent number
3. The date the d	issolution was appro	ved: 3/3	31/ 2009	·		
4. A description	of occurrence that reda Statutes, (copy 60	sulted in the limi	ited liability comp	any's dissolu	tion pursuant to se	ction
Ho bus	sivess ac	hicity	developa	d		
5. CHECK ONI	E:			· <u>-</u> ·	<u></u>	
≓-OR-	ebts, obligations and uate provision has be		·	•	-	_
6. All remaining rights and inte	property and assets lirests.	nave been distrib	uted among its m	embers in acc	ordance with their	respective
7. CHECK ONE	E: are no suits pending	against the com	pany in any court			
OR- Adequ	uate provision has be d against it in any pe	en made for the			rder or decree whic	ch may be
Signatures of the me	embers having the sa	me percentage o	f membership inte	rests necessa	ry to approve the d	issolution:
Signa			)		nted Name	
Mayra	fite Clau	diesa	<u> </u>	ayra	Pita- Clo	wberg
, <i>U</i>						
	<i>;</i>	pas	πτ :	:	C - Charles (186)	क स्थान
- 11 ad.	e to the supplementation	2 J. A	and the series		to University of	4-7: