L08000113373

(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:	(Requ	uestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addi	ress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	· · · · ·	,	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addi	ress)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/	State/Zip/Phon	e #)
(Document Number) Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
(Document Number) Certified Copies Certificates of Status	(Pusi	nasa Entitu Nas	
Certified Copies Certificates of Status		ness Entity Ivar	rrie)
	(Doci	ument Number))
Special Instructions to Filing Officer:	Certified Copies	Certificates	s of Status
	Special Instructions to Fi	ling Officer:	
	_	•	
,			

Office Use Only



900188929289

12/23/10--01013--009 **25.00

SECRETARY OF CORPANION OF CORPA

N. Gumban DEC 27 2000

COVER LETTER

Division of Corporations				
SUBJECT: Mobile Enhancement Specialist, LLC				
(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:				
Mark Cann				
(Name of Person)				
(Firm/Company)				
P.O. Box 399				
(Address)				
Cape Canaveral, FL 32920				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Mark Cann <u>at (321)</u> 427-3887				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status 30.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

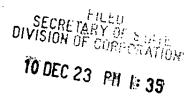
MAILING ADDRESS:

Registration Section 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



•			00
 The name of a limited liability cor Mobile Enhancement Spe 	• •	1	
2. The Articles of Organization were f			and assigned document number
3. The date the dissolution was approv	_{red:} 12/20/2010		<u></u> .
4. A description of occurrence that res 608.441, Florida Statutes, (copy 608)			issolution pursuant to section
Unless otherwise provided in the articles of organizat	tion or operating agreement, upon the	he written consent of	all of the members of the limited liability compan
5. CHECK ONE:			
All debts, obligations and I	iabilities of the limited lia	bility company	have been paid or discharged.
OR- Adequate provision has been	en made for the debts, obl	igations and lial	bilities pursuant to s. 608.4421.
6. All remaining property and assets h rights and interests.	ave been distributed amor	ng its members	in accordance with their respective
7. CHECK ONE:			
There are no suits pending -OR-	against the company in ar	ny court.	
	en made for the satisfaction ding suit.	on of any judgm	ent, order or decree which may be
gnatures of the members having the san	ne percentage of members	ship interests ne	cessary to approve the dissolution:
Signature			Printed Name
Myla		Mark Ca	nn
	_		
	ad-1-ad-1-		
	_		