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(Re	equestor's Name)		
(Ac	idress)			
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(Cit	ty/State/Zip/Phor	ne #)		
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T. HAMPTON

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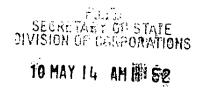
EXAMINER

COVER LETTER

Division of Corpor					
SUBJECT: M3M3					
	(Name of Li	mited Liabilit	y Company)		
The enclosed Articles of Dis			_		
Please return all correspond	ence concerning this matter	to the follow	ring:		
Nestor	Zacarelli				
	(1	Name of Person	1)		
	(Firm/Company)		
123 N.	Congress Ave	(1.11.			
_		(Address)			
Boynto	n Beach, FL, 334	426 State and Zip (Code)	· ·	
	(CA)	Side and Sip			
For further information cond	erning this matter, please of	all:			
Nestor Zaca	arelli	at (954	226-10	
(1	Name of Person)		(Area Code	& Daytime T	elephone Number)
Enclosed is a check for the following	owing amount:				
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy onal copy is e	nclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations at 6327 see, FL 32314		Registra Division Clifton	ntion Secti n of Corpo Building	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



e date the dissolution was approved: 5/11/10	
	<u> </u>
8.441, Florida Statutes, (copy 608.441 on back cover profitability	d liability company's dissolution pursuant to section er letter).
HECK ONE:	
All debts, obligations and liabilities of the lim	ited liability company have been paid or discharged.
	ots, obligations and liabilities pursuant to s. 608.4421.
I remaining property and assets have been distribute hts and interests.	ed among its members in accordance with their respective
HECK ONE:	
There are no suits pending against the compan	ny in any court.
OR-	isfaction of any judgment, order or decree which may be
es of the members having the same percentage of mo	embership interests necessary to approve the dissolution:
Signature	Printed Name
	Neston ZACARE
fiche	
7 retu	JANA SICHTAROU