L0900000000966

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only older 2 pri none my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800163757298

12/18/09--01010--010 **25.00

2009 DEC 18 PM 2: 25
SECRETARY OF STATE
ARASSEE, FLORIDA

C. LEWIS
DEC 2 1 2009
EXAMINER

December 16, 2009

Matt H. Smith

707 Magnolia Dr

Altamonte Springs FL 32701

Dear Sirs,

Enclosed is a check for the \$25.00 fee and the Articles of Dissolution for a Limited Liability Company.

Thank you for your prompt attention to this matter.

Sincerely,

Matt Smith

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2009 DEC 18 PM 2: 25

1. The name of a limited liability company is CHAIN REACTION MAILIE	SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. The Articles of Organization were filed on	09-2009 and assigned document number
 3. The date the dissolution was approved:	ed liability company's dissolution pursuant to section
-OR-Adequate provision has been made for the confidence of the con	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 pany 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:
Signature.	Printed Name MATT SMITH

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CHAIN REACTION MARKETING 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:		
(Name of Person)		
CHAIN REACTION MARKETING 22C (Firm/Company)		
TOT MAGNOLIA DR. (Address)		
ALTAMONTE SPRINGS, FL 32701 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (407) 463-431 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$25.00 Filing Fee \(\) Certificate of Status \$55.00 Filing Fee \(\) Certified Copy (additional copy is enclosed) \$60.00 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