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: (850) 617-6383

From:

Account Name : AIT PLUS CONSULTING

Account Number : I20080000061 Phone : (407)582-9830

Phone : (407)582-9830 Fax Number : (407)582-9832

LLC DISSOLUTION OR WITHDRAWAL LOFTY KINGDOM, LLC

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COVER LETTER

TO: Registration Section Division of Corporations LOFTY KINDOM, 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: ADILSON M ESPI (Name of Person) LOFTY KINDOM, LLC (Firm/Company) 2295 S HIAWASSEEM RD, STE 201 (Address) ORLANDO, FL 32835 (City/State and Zip Code) For further information concerning this matter, please call: 209-6009 ADILSON ESPI (Name of Person) (Area Code & Doytima Talaphona Number) Englosed is a check for the following amount: \$55.00 Filing Fee & _____\$60.00 Filing Pec. \$25.00 Filing Fas 30.00 Filing Fee & Certificate of Status &. Certificate of Status Certified Copy (additional copy is enclosed) entified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

additional copy is enclosed)

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

SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

LOFTY KINDOM, LLC	ally is	, ,	
2. The Articles of Organization were file 10900005399	_{d on} <u>01/16/2009</u>	bnd	assigned document number
3. The date the dissolution was approved	_{1:} 06/28/2010		
4. A description of occurrence that result 608.441, Piorida Statutes, (copy 608.4 THE COMPANY HAVE	ted in the limited liability (41 on back cover letter)	oompany's dissoluti USINESS.	on pursuant to section
5. CHECK ONE:			
All debts, obligations and liable OR. Adequate provision has been			-
 All remaining property and assets have rights and interests. 	e been distributed among	g its mambers in acco	dance with their respective
7. CHECK ONE:			
There are no suits pending ag OR- Adequate provision has been entered against it in any pendi	•		er or decree which may be
Signatures of the members having the same	percentage of membersh	ip interests necessary	to approve the dissolution:
Signature		Prin	ed Name
(fls)		ADILSON N	I ESPI
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FILING FEE: \$25.00

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