## L09000010890

(Requestor's Name)		
(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:

L. SELLERS

AUG 1 2 2010

**EXAMINER** 

Office Use Only



600183921956

08/13/10--01001--002 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: PROMAS PROPERTY MANAGE	MENT, LLC	
(Name of Limited Liabil		
The enclosed Articles of Dissolution and fee(s) are submitted for fil	ling.	
Please return all correspondence concerning this matter to the follow	wing:	
STACY SMALL		
(Name of Perso	on)	
SMITH THOMPSON SHAW &	MANAUSA, P.A.	
(Firm/Company)		
3520 THOMASVILLE ROAD		
(Address)		
TALLAHASSEE, FL 32309		
(City/State and Zip	Code)	
For further information concerning this matter, please call;		
STACY SMALL at (	850 893-4105	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Certi	Fiting Fee & \$60.00 Filing Fee, fied Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on 1/30/2 L09000010890	2009 and assigned document number
3. The date the dissolution was approved: $8/12/20$	10
	ited liability company's dissolution pursuant to section over letter).
-OR-	limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421.
<del></del> , .	outed among its members in accordance with their respective
There are no suits pending against the com	apany in any court. satisfaction of any judgment, order or decree which may be
	f membership interests necessary to approve the dissolution:  Printed Name
Signature Nem et B. Such	KENNETH B. SMITH
	ANGELIA D. MAILLE
Chrecha D. Moulte	
Angelia D. Maulle	SEGRETARY OF ALLAHASSEE F

FILING FEE: \$25.00