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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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(Busi	ness Entity Nar	ne), ii
(Doce	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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11/23/09--01010--005 **30.00



S. HAWKES

NOV 2 4 2009

EXAMINER

COVER LETTER

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: HEATHER O'BRIEN (Name of Person) H SQUARED SOLUTIONS THE (Firm/Company) 2626 ESTELLA DRIVE (Address)
The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HERTHER OBRIED (Name of Person) H SQUARED SOLUTIONS THE (Firm/Company) 2626 ESTELLA DRIVE (Address)
Please return all correspondence concerning this matter to the following: HEATHER OBRIEN (Name of Person) H SQUARED SOUTIONS INC (Firm/Company) 2626 ESTELLA DRIVE (Address)
Please return all correspondence concerning this matter to the following: HEATHER OBRIEN (Name of Person) H SQUARED SOUTIONS INC (Firm/Company) 2626 ESTELLA DRIVE (Address)
HEATHER OBRIEN (Name of Person) H SQUARED SOLUTIONS INC (Firm/Company) 2626 ESTELLA DRIVE (Address)
(Name of Person) H SQUARED SOLUTIONS INC (Firm/Company) 2626 ESTELLA DRIVE (Address)
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(Name of Person) H SQUARED SOLUTIONS INC (Firm/Company) 2626 ESTELLA DRIVE (Address)
(Firm/Company) 2626 ESTELLA DRIVE (Address)
(Firm/Company) 2626 ESTELLA DRIVE (Address)
(Address)
(Address)
Spire (1000 CD 9505)
SANTA CLARA CA 95051 (City/State and Zip Code)
For further information concerning this matter, please call:
HEATHER O'BRIEN at 408 829-1332
HEATHER O'BRIEN at (408) 829-1332 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee \$
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company	is	
REI HUB. COM		
2. The Articles of Organization were filed of	and assigned document number	
L09000021631	PEG S T	
3. The date the dissolution was approved: _	· · · · · · · · · · · · · · · · · · ·	÷,
4. A description of occurrence that resulted 608.441, Florida Statutes, (copy 608.441	in the limited liability company's dissolution pursuant to section on back cover letter).	₩.,
no longer sellin	OG PEODOCT	
5. CHECK ONE:		
All debts, obligations and liabili OR- Adequate provision has been ma	ies of the limited liability company have been paid or discharged. de for the debts, obligations and liabilities pursuant to s. 608.4421.	
All remaining property and assets have b rights and interests.	en distributed among its members in accordance with their respective	
7. CHECK ONE: There are no suits pending again -OR- Adequate provision has been ma entered against it in any pending	le for the satisfaction of any judgment, order or decree which may be	
Signatures of the members having the same pe	centage of membership interests necessary to approve the dissolution:	
Signature	Printed Name	
210 /km	HEATHER O'BRIED	
	PRESIDENT - H SOOFRED SOLUTION	عداد عدار
	HANAGER OF REI HUM. COM	1
- · · · · · · · · · · · · · · · · · · ·		

FILING FEE: \$25.00