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S. HAWKES
SEP 2 3 2009
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Value Added Contractor Services (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:		
Laura M. Masters-Lopez (Name of Person)		
Value Added Contactor Services. (Firm/Company)		
765 Diana Circle (Address)		
Casselbern FL. 32707 (Fity/State and Zip Code)		
For further information concerning this matter, please call:		
Larra Martess-Coper at (407) 247-8848 (Name of Person) at (407) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$\sum{\$\text{\$\text{S55.00 Filing Fee & Certificate of Status}}} \square \square \square \square \text{\$\text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \square \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \square \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{		

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Value Added Contra	acte Services LLC
2. The Articles of Organization were filed on	3 5 6 and assigned document number
3. The date the dissolution was approved:	2009.
4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co	ted liability company's dissolution pursuant to section sover letter).
	一
5. CHECK ONE:	
OR-Adequate provision has been made for the	imited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. uted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the component of the second of the se	pany in any court. satisfaction 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
Lun m Mester Logs	LAURA M. MASTERS-COREZ
X DOS	p Anoner S. Coper
,	*