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Office Use Only

G. MCLEOD

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EXAMINER



300150254033

04/17/09--01022--016 \*\*25.00

09 APR 17 PH 1: 4:

DIVISION OF THE SEASON

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Subject LLC (Name of Limited Liability Company)		
(Chamber Zinen, Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Shusan Coase (Name of Person)		
Susan Coope (C) (Pirm/Company)		
_2800 nw 26th Ct		
Bora Paton II 33434 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Person)  at (56/) 2/2-8285  (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:    \$25.00 Filing Fee		

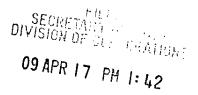
### MAILING ADDRESS:

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  Lusan Crypu L	
	Set 17, 2009 and assigned document number
3. The date the dissolution was approved:	-12-09
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on back	limited liability company's dissolution pursuant to section is cover letter).
	LC
5. CHECK ONE:	
OR-	the limited liability company have been paid or discharged. the debts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been dis rights and interests.</li></ol>	stributed among its members in accordance with their respective
7. CHECK ONE:  There are no suits pending against the control of t	company in any court.
OR- Adequate provision has been made for the entered against it in any pending suit.	the satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentag	ge of membership interests necessary to approve the dissolution:
Signature	Printed Name
Sewan Cooper	Susan Cooper