109000037677

(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:

Office Use Only



100164969101

01/11/10--01030--006 **25.00

JAN 1 2 2010

COVER LETTER

TO: Registration Section Division of Corporations
C I I I I I
SUBJECT: <u>COOCHANANU</u> LL (Name of Limited Liability Company)
(Name O'Enmed Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott A. MGREGOR
(Name of Person)
Adam & Eve
(Firm/Company)
133 GRANDIA RUAL
South Hadley MA 01075 (City/State and Zip Code) For further information concerning this matter, please call: Scott A. McRegor at 413 552-0575 (Name of Person) (Area Code & Daytime Telephone Number)
For further information concerning this matter, please call:
Scott A. McGregor at 413 552-0575 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILING FEE: \$25.00