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SECRETARY OF STATE

T. CLINE

APR - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Only Confort Core LLC (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:
BINAU ERIKSSON (Name of Person)
Only Confort Care, LLC (Firm/Company)
1912 HOUNDSLAKE DRIVE FOR THE TOTAL AND THE
(City/State and Zip Code) For further information concerning this matter, please call:
BINDLERIKSSON at (407) 760-7516 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \] \$55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \] \$60.00 Filing Fee, \text{Certified Copy} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \]

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

 The name of a limited liability company is 	
GNLY COMFORT CA	ZE, LLC
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: 3/3C 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover FINANCIAL PLOBLEMS	
	LOR TA
5. CHECK ONE:	DE S
 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the company OR- 	
Signatures of the members having the same percentage of me	mbership interests necessary to approve the dissolution:
Signature	Printed Name
Bodu Eule Stape Enh	BINDU ERIKSSON STEFAN ERIKSSON

FILING FEE: \$25.00