(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) : ೧۰۰۰ - ۱۰۰۰
(Document Number)
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TRANSPECIAL, 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:
CAROLINE LARSON
(Name of Person)  LARSON ACCOUNTING  (Firm/Company)
8810 COMMODITY CIR STELT
ORLANDO FL 32819  (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (UO7), 370 3686 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (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

6/2009 and assigned document nur	nber
2009	
nited liability company's dissolution pursuant to section	
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7 32 RATE DA:	
debts, obligations and liabilities pursuant to s. 608.4421 puted among its members in accordance with their respecting any in any court.  satisfaction of any judgment, order or decree which may be membership interests necessary to approve the dissolute.	ctive
Printed Name	
ELY BARREIRA	
JOSE C. BRAZ	
2 - 1	ited liability company's dissolution pursual to section over letter).    Company   Com