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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: ASAP Trusted Team 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:
Trngih HSU (Name of Person)
(Name of Person)
Sundate Ria ILC:
Sunstate Biz LLC (Firm/Company)
SRIC Come Windows are Del #123
8815 Conray Windermere Rd #123 (Address)
orlando FL 32835
(City/State and Zip Code)
For further information concerning this matter, please call:
This HS11 455-1288
Ting:h HSU at (321) 695-128 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution
\$25.00 Filing Fee and Certificate of Dissolution \$\square \text{\$\square}\$\$ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
2.	The Articles of Organization were filed on $\frac{5/26/2009}{}$ and assigned
	document number
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	The operation is not profitable.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 1
	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	3 Un Mu Tingih H34 5 5 Signature Printed Name
	Signature Printed Name 2(9/20/8 FILING FEE: \$25.00