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SECRETARY OF STATE
ALLAHASSEE: FI ORIOZ

J. BRYAN

OCT 12 2011

EXAMINER

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	INDOR, LLC		
	(Name of	Limited Liability Company)	
The enclose	ed Articles of Dissolution and fee(s) are so	ubmitted for filing.	
Please retur	n all correspondence concerning this mat	ter to the following:	
	RONEN YACOBI		
		(Name of Person)	
,	INDOR LLC		題言而
		(Firm/Company)	聖马二
	380 SOUTH STATE R	ROAD 434 SUITE 1004-298	
		(Address)	
•	ALTAMONTE SPRING	GS, FL 32714	PH II SA
	(C	ity/State and Zip Code)	
For further	information concerning this matter, please	e call:	
R	ONEN YACOBI	at (407) 209-3373 E	XT 500
	(Name of Person)	(Area Code & Daytime Telephone l	Number)
Enclosed is a	check for the following amount:		
\$25.00 File		Certified Copy Certification (additional copy is enclosed) Certified	0 Filing Fee, te of Status & Copy nal copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	्रि १
INDOR LLC	TÜ
2. The Articles of Organization were filed on 06-07 L09000054517	1-09 and assigned documentume
3. The date the dissolution was approved: 09-30-2	2011
	ited liability company's dissolution pursuant to section over letter).
5. CHECK ONE:	
-OR-	limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distrib rights and interests. 	uted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the com	pany in any court.
OR- Adequate provision has been made for the entered against it in any pending suit.	satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of	f membership interests necessary to approve the dissolution:
Signature	Printed Name
9	RONEN YACOBI
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FILING FEE: \$25.00