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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FLAT FEE PHONE CLC (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:
MARK Blake (Name of Person)
(Firm/Company)
1810 EAST PALM Ave # 4304
1810 EAST PALM AVE # 4304 (Address) TAMPA FL 33605 (City/State and Zip Code)
For further information concerning this matter, please call:
at () (Name of Person)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) Certificate of Status 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

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vary 23, 2009	LORIDA LORIDA
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