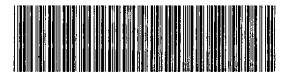
109000001105

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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02/22/11--01013--002 **35.00

FILED

11 MAR - 7 PM 4: 18

SECNETARY OF STATE
ALLAHASSEE, FLORIN

D. BRUCE
MAR 8 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2011

ROBERTO ESCALANTE 4731 EL DORADO DR TAMPA, FL 33615

SUBJECT: ESCALANTE'S CONSTRUCTION REPAIR, LLC.

Ref. Number: L09000061105

We have received your document for ESCALANTE'S CONSTRUCTION REPAIR, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 111A00004650

TILED

11 MAR - 7 PM +: 1,8

SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: ESCALANTE'S CA	ONSTRUCTION REPAIR, LLC. iability Company)
(Name of Limited L	ability Company)
The enclosed Articles of Dissolution and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the f	ollowing:
ROBERTO ES	Person)
(
(Firm/Co	mpany)
4731 ELDORA	$\partial o \partial \mathcal{R} \qquad \overline{\partial} = \overline{\mathbf{I}} = \overline{\mathbf{I}}$
(Addr	m-<
TAMPA EL 2º	36 15 E. F. C. S. J. F. S.
TAMPA, FL 35 (City/State and	36 1-5 d Zip Code)
,	O m 3
For further information concerning this matter, please call:	
D. 9	C12 78/ 2070
KOBERTO ESCALANTA	(Arca Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	55.00 Filing Fee & S60.00 Filing Fee,
	Certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	INSTRUCTION REPAIR, LL
2. The Articles of Organization were filed on	0900061105 and assigned document number
FLORIDA	
3. The date the dissolution was approved: $ $	1-19-2011
4. A description of occurrence that resulted in the I 608.441, Florida Statutes, (copy 608.441 on back	limited liability company's dissolution pursuant to section ek cover letter).
CHECK ONE:	
← -OR-	the limited liability company have been paid or discharged.
Adequate provision has been made for t	the debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been dist rights and interests. 	tributed among its members in accordance with their respective
CHECK ONE:	
~	
There are no suits pending against the co	
Adequate provision has been made for the entered against it in any pending suit.	the satisfaction of any judgment, order or decree which may be
1	
tatures of the members having the same percentage	e of membership interests necessary to approve the dissolution:
and the same that the same for	A =
Signature	Printed Name
Dan D	ROBER TO ESCALAN
	COSER DOM COLADAR
	FSI E D
	DA TO
	——————————————————————————————————————