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EXAMINER

COVER LETTER

ration Section on of Corporations		
REVEST LLC		
(Name of	Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
rticles of Dissolution and fee(s) are s	submitted for filing.	
l correspondence concerning this mat	tter to the following:	
Ronald A. Murphy		
· · · · · · · · · · · · · · · · · · ·	(Name of Person)	
VREVEST LLC		ZSE =
	(Firm/Company)	福生工
3555 Mary Ln		ASS TAR
- the second the second	(Address)	Fig 3 [
Mount Dora, FI 32757	,	JAN 18 PH 3: 40 LAHASSEE, FLORID
(C	City/State and Zip Code)	哥
rmation concerning this matter, pleas	se call:	•
Ronald A Murphy at (. 352) 383-622		6226
(Name of Person)	(Area Code & Daytime	Telephone Number)
ck for the following amount:		
Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, 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	
	PREVEST LLC (Name of Articles of Dissolution and fee(s) are still correspondence concerning this mater.) Ronald A. Murphy VREVEST LLC 3555 Mary Ln Mount Dora, Fl 32757 (Commation concerning this matter, please and A Murphy (Name of Person) The provided of Status of Status MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	(Name of Limited Liability Company) Articles of Dissolution and fee(s) are submitted for filing. It correspondence concerning this matter to the following: Ronald A. Murphy (Name of Person) VREVEST LLC (Firm/Company) 3555 Mary Ln (Address) Mount Dora, FI 32757 (City/State and Zip Code) Ormation concerning this matter, please call: Italia A Murphy (Name of Person) (Area Code & Daytime of Certificate of Status) All LING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certificate of Elimited Liability Company) (Name of Limited Liability Company) (Name of Person) (Area Code & Daytime of Corporations P.O. Box 6327 Clifton Building Tee A. Certificate Of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FC	DISSOLUTION OR HLITY COMPANY
The name of a limited liability company is VREVEST LLC	CF. F. S. J.
2. The Articles of Organization were filed on July 2, L09000064367	2009 and assigned document number
3. The date the dissolution was approved: December	er 31, 2010
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	
-OR-Adequate provision has been made for the de 6. All remaining property and assets have been distribute rights and interests. 7. CHECK ONE: There are no suits pending against the comparation of the design of	nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421. ed among its members in accordance with their respective my in any court. tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Amala a. Mushy	Printed Name RONALD A. MWRPHY

FILING FEE: \$25.00