L09000082360

(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:

Office Use Only



900195669019

02/23/11--01012--016 **25.00

B. KOHR

FEB 25 2011

EXAMINER

SECRETARY OF STATE STATE OF CORPORATIONS 11 FEB 23 AN IO: 12

COVER LETTER

TO: Registration Section Division of Corporations
TO: Registration Section Division of Corporations SUBJECT: MARION VENDING ENTER DRISES: (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:
GERALD OSBORNE
MARION VENding ENTER PRISES
617 S.E. 35 Th STREET
Ocala, Florida 34471 (City/State and Zip Code)
For further information concerning this matter, please call:
Gerald Osborne at (352) 732-2884 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: S25.00 Filing Fee
MAILING ADDRESS: STREET/COURIER ADDRESS:

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 NRION ENDING	ENTER DRISES &
2. The Articles of Organization were filed on Augu L0900082360	ST 26, 2009 and assigned document number
••	ER / /010.
4. A description of occurrence that resulted in the limited 1 608.441, Florida Statutes, (copy 608.441 on back cover	letter).
-OR-Adequate provision has been made for the debt 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the company-OR-	
Signatures of the members having the same percentage of me	mbership interests necessary to approve the dissolution:
Signature Slave	Gerald D. OSbornE