~L09000/08/08

Norman Robbins (Requestor's Name)
(Address) 6816 MODN/1+ Dr (Address) Delray Blach. F1 33446 (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

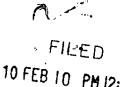


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10 FEB 10 PH 12: 31
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SHUMSTANY OF STATE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is	10 FEB 10 PM 12: 31
TWO ROBBINS PHOTOGRAPHY	SEURETARY DE STATE FALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on 10/26/0	TALLAHASSEE, FLORIDA
	and assigned document number
<u>L09000/03/08</u>	
3. The date the dissolution was approved: 1/31/120/	<u>'0</u> .
4. A description of occurrence that resulted in the limited I 608.441, Florida Statutes, (copy 608.441 on back cover	iability company's dissolution pursuant to section
Mutual Agreement of partners	
5. CHECK ONE:	
	ed liability company have been paid or discharged.
OR- Adequate provision has been made for the debts	s, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distributed	among its members in accordance with their respective
rights and interests.	
7. CHECK ONE:	
There are no suits pending against the company	in any court.
	faction of any judgment, order or decree which may be
entered against it in any pending suit.	
ignatures of the members having the same percentage of mer	mbership interests necessary to approve the dissolution:
Signature	Printed Name
	Norman T Rossias
- Ori	DI TO
	Robin Geneu Epstein
0	ì
	

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Two Robbins (HotoGRAPHY (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:		
Norman Robbinson (Name of Person)		
(Firm/Company)		
Delray Bench F/ 33444 (City/State and Zip Code)		
Delray Bench F/ 33444 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (56/) 4396529 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee \$ Certificate of Status \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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