11000000/28//

(Requestor's Name)	
·	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
0 111 1 11 1 511 07	

Special Instructions to Filing Officer:

A. LUNT

FEB - 9 2010

EXAMINER

Office Use Only



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02/07/11--01013--007 **25.00

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SEGNE LARY OF STATE

COVER LETTER 'TO: Registration Section Division of Corporations The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Area Code & Daytime Telephone Number)

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

MAILING ADDRESS:

30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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	MONT 1477 LLC
2. The Articles of Organization were filed on	$\frac{\sqrt{3/10}}{\sqrt{3/10}}$ and assigned document number
3. The date the dissolution was approved:	<u>// </u>
A	nited liability company's dissolution pursuant to section cover letter).
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-	
5. CHECK ONE:	>
 6. All remaining property and assets have been distributed in the rights and interests. 7. CHECK ONE: There are no suits pending against the control of the remaining property and assets have been distributed in the right. 	buted among its members in accordance with their respective mpany in any court.
	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Barbara wellsdorf	BARBARA WOLFSDORF