L10000014927

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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04/30/10--01023--014 **30.00

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S. HAWKES

MAY 0 3 2010

EXAMINER

COVER LETTER

Division of C	orporations		
CITO IECT.	PUPY	VIANDAS LLC	
SUBJECT:	(Name of L	imited Liability Company)	
The enclosed Articles	of Dissolution and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matt	er to the following:	
	Maria	O. Suarez	
		(Name of Person)	
	Pupy Vi	andas LLC	
-		(Firm/Company)	
8302 Country square Ct.			
		(Address)	
	Tampa	,FI. 33615	
	(Cit	y/State and Zip Code)	
For further information	n concerning this matter, please	call:	
Maria O	. Suarez	at (813) 774-0187	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 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		STREET/COURIER ADDRESS: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations	
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is Pupy Vianda	s LLC
2. The Articles of Organization were filed on L10000014927	/2010 and assigned document number
3. The date the dissolution was approved: 04/26/20	D10 Pr
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back collaboration LLC stop doing business in Florida	ted liability company's dissolution pursuant to section over letter).
OR- Adequate provision has been made for the c	imited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. uted among its members in accordance with their respective
_ -OR-	satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
Haria O Suares	Maria O. Suarez

FILING FEE: \$25.00