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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Alphadragon Systems, LI	LC		
(Name of Li	imited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are sub	omitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Monique Harrell			
(Name of Person)		
Alphadragon Systems,	LLC		
	(Firm/Company)		
2200 Sherman Circle N	lorth, Apt. 308		
	(Address)		
Miramar, Florida 3302	5		
(City	/State and Zip Code)		
For further information concerning this matter, please of	call:		
Monique Harrell	at (954) 701-9877		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:	STREET/COURIER ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is Alphadragon Systems, LLC			
2. The Articles of Organization were filed on	18/10	and assigned	document numb
3. The date the dissolution was approved:	aln	·····•	
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of Disagreement with location and ma	cover letter).	s dissolution pursua	int to section
· · · · · · · · · · · · · · · · · · ·			
All debts, obligations and liabilities of the OR-OR-Adequate provision has been made for the 6. All remaining property and assets have been distributed and interests. 7. CHECK ONE: There are no suits pending against the component of the content	debts, obligations and louted among its member	liabilities pursuant i	to s. 608.4421. th their respectiv
ignatures of the members having the same percentage of	of membership interests	necessary to appro-	ve the dissolution
Signature		Printed Name	
noneguo Idenil	Moniqu	e Harrell	5 0
nonegue Identille Ingelse hitlle	Angela	Little	1 APR 29 AM 10: 29 ECRETARY OF STATE LLAHASSEE, FLORIDA
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