L1000031621

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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G. MCLEOD

MAY - 2 2011

EXAMINER



400205216844

04/29/11--01039--011 **30.00

THAPK 29 PM 3: 15
SECRETARY OF STATE
ALLIAHASSEE, FLORID

11 APR 29 PM 3: ||

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1 The name of a limited liability and		
1. The name of a limited liability cor	namental Sevic	55/10
-1	^.	
2. The Articles of Organization were f	filed on March 23, 2010 at	nd assigned document number
Doc-#2100	<u>0</u> 003/62//	
3. The date the dissolution was approv	$_{\text{red}}$ $4/23/11$	
4. A description of occurrence that res	sulted in the limited liability company's dissol	ution pursuant to section
608.441, Florida Statutes, (copy 608	8.441 on back cover letter).	0 11:0
15a>eq	ON MACTIVITY	ot this
TYPE OF L	317ESS 5E/VIE	
5. CHECK ONE:		······
	iabilities of the limited liability company have	been paid or discharged.
⊼ øR-	en made for the debts, obligations and liabilitie	•
All remaining property and assets he rights and interests.	ave been distributed among its members in acc	cordance with their respective
7. CHECK ONE:		
	against the company in any court.	
OR- Adequate provision has bee entered against it in any per	en made for the satisfaction of any judgment, ording suit.	order or decree which may be
Signatures of the members having the san	ne percentage of membership interests necessar	ary to approve the dissolution:
Signature	Pr	inted Name
	Time	Hy W, Eshlema
Nac -	Imo	THY WIEDICKU
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		<u>-</u>
		
		ATT P
		ASSE 29
		and 3 m
	FÎLING FEE: \$25.00	<u> </u>

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE OMANE HALL SEVICES (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:
Timothy Eshleman (Name of Person)
T+T organisatal Services CLC
13663 Lake Mary Jane Rd, (Address)
Orlando FL. 32832
(City/State and Zip Code)
For further information concerning this matter, please call:
Timothy Esh (Ena) 407 404 969 2 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following appount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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