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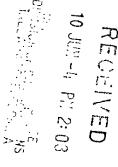
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: A. LUNT	
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JUN -4 2010	
EXAMINEF	

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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: NVESTWENT OF (Name of Limite	North Florida LLC ed Liability Company)	
•		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Manualine F	EHIV ne of Person)	
(Firm	n/Company)	
<u>3084 Mansi</u>	on Lave	
Tallahassee, Fl. 32301		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Naurdine Ettir	at (80) 448 -2522	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	\$55.00 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:		
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY