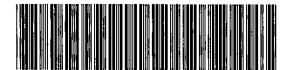
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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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APRILA 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kunge UC (Name of Limited Liability Company)
(Name of Emilion Elability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eduis Sanabig
(Firm/Company)
15964 NW. 79 PlacE.
Hipmi LAKES FC. 33014 (City/State and Zip Code)
For further information concerning this matter, please call:
Enduis Janabria at 305, 333 - 463 8 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclosed);
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	Pam	Excl	Proge	uc	
2.	The Articles of Organization document numb	were filed on _	Hay 1 59	7,2010	and assigned		
3.	The delayed effective date the	dissolution if	not effective on r to or more than 90	the date of fili days later than da	ng: te document is receiv	ed for filing)	
4.	A description of occurrence the 605.0707, Florida Statutes, (co	nat resulted in opy 605.0707 c	the limited liabil on back cover let	ity company's ter).	dissolution pursu	ant to section	
	Bussines was	no lo	nge po	Ktaske.			
5.	If there are no members, enter activities and affairs:	the name and	address of the p	erson appointe	d to wind up the	company's	
		M6R =	erdu.	no us s Java	brig.	ALL SERVICES	THE PARTY OF THE P
6. lis	Signature of an authorized per sted above to wind up the comp	rson or if there vany's activitie	e are no members and affairs:	s, the signature	of the person app	pointed and 2: 42	
	Signature	<u></u>		FAWS Print	JUIABR ed Name	19	

FILING FEE: \$25.00