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SECRETARY OF STATE OIVISION OF CORPORATIONS

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T. HAMPTON FEB 2 I 2011 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Your Ride's Here	_
(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:	
Arash Mossafa	
(Name of Person)	
(Firm/Company)	
829 University Blvd. Apt 204	
(Address)	
Jupiter, FL 33458	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Arash Mossafa at 914 629-4148	
(Name of Person) (Area Code & Daytime Telephone Number)	•
Enclosed is a check for the following amount:	•
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	osed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

3 . . .

SECRETARY OF STATE DIVISION OF CORPORATIONS

INTED TO MATERIA

0.0	2/47/0040	
2. The Articles of Organization were filed on L10000061794	5/17/2010	and assigned document numbe
3. The date the dissolution was approved: 02/0	1/2010	<u> </u>
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on ba	e limited liability compa ack cover letter).	
Not enough money allocated to	initially support	business.
5. CHECK ONE:		
✓ All debts, obligations and liabilities of -OR-Adequate provision has been made for	-	•
All remaining property and assets have been dis- rights and interests.	•	•
7. CHECK ONE:		
There are no suits pending against the	company in any court.	
OR- Adequate provision has been made for entered against it in any pending suit.	the satisfaction of any j	udgment, order or decree which may be
natures of the members having the same percentag	ge of membership intere	sts necessary to approve the dissolution:
Signature		Printed Name
The state of the s	Aras	h Mossafa
		
	,	

FILING FEE: \$25.00