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EXAMINER



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SECRETARY OF STATE
ALLAHASSEF, FIORID.

## **COVER LETTER**

TO: Registration Division of	on Section of Corporations
SUBJECT:	(Name of Limited Liability Company)
	(Name of Limited Liability Company)
The enclosed Artic	les of Dissolution and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	A(AN C. HOOR-A (Name of Person)
	Hoofen Construction (Firm/Company)
	HII N. ANDRIUS ALME
	(Address)
	FONT CANDER DAVE, FLA 33301
	(City/State and Zip Code)
For further informa	ation concerning this matter, please call:
/A	(Name of Person) at (954) 632 6576  (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check (	or the following amount:
\$25.00 Filing Fee	30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$ 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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  601 FOINDM LL	,
2. The Articles of Organization were filed on 4/8	and assigned document number
3. The date the dissolution was approved: 211	
4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover l	ability company's dissolution pursuant to section etter).
-OR-Adequate provision has been made for the debts  6. All remaining property and assets have been distributed a rights and interests.  7. CHECK ONE:  There are no suits pending against the company -OR-	
Signatures of the members having the same percentage of men	, , , , , , , , , , , , , , , , , , ,
The sture of the state of the s	Printed Name  ALAN C. ItOSEA  ESS. =
	IN FEB 24 PH I
	SEE, FL
	DRID A