

# L110000119382

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GBS CONSULTANTS, INC.  
Account Number : I20050000012  
Phone : (954) 659-8835  
Fax Number : (954) 301-0417

RECEIVED  
11 APR 28 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 APR 28 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL  
SIR, SA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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K. SALY  
EXAMINER  
APR 29 2011

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
11 APR 28 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
SIR, SA LLC

2. The Articles of Organization were filed on 11/17/2010 and assigned document number  
L10000119382

3. The date the dissolution was approved: 04/28/2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

The business lost its practicable purpose of being profitable according to the sole member of the business.

5. CHECK ONE:

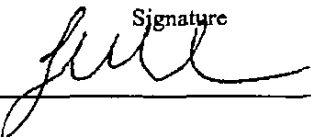
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective  
rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be  
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name  
Jose A Moreau  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILING FEE: \$25.00

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