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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RESCUE WIRELESS, COM, LLC (Name of Limited Liability Company)
(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:
MIKE OLIVERA (Name of Person)
(Name of Person)
RESCUEWIRELESS, COM
(Firm/Company)
15611 IONA LAKES DIZ. (Address)
(Address)
FORT MYERS, FL 33908 PH = (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
· · · · · · · · · · · · · · · · · · ·
MIKE OLIVERA at (239) 849-0575 (Area Code & Daytime Telephone Number)
MIKE OLIVERA at (239) 849-0575 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filin

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

	/- · /
2. The Articles of Organization were filed on 12 L1 0000130 231	and assigned document number
3. The date the dissolution was approved: $\frac{3/3}{2}$	21/2012
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of 1/2 CARITAL	nited liability company's dissolution pursuant to section
5. CHECK ONE:	
G-OR-	e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distributed rights and interests.	buted among its members in accordance with their respective
7. CHECK ONE: There are no suits pending against the con	npany in any court.
OR- Adequate provision has been made for the entered against it in any pending suit.	e satisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage c	of membership interests necessary to approve the dissolution:
Signature	Printed Name
L. Dola.	MIKE OLIVERA
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FILING FEE: \$25.00