## 11100015033

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Dusiness Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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07/19/11--01030--012 \*\*25.00 07/19/11--01030--013 \*\*5.00

11 JUL 29 AM 8: 35
SECRETARY OF STATE

D. BRUCE
AUG 0 2 2011
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2011

JACKIE GLISSMAN 6250 NW 4TH AVE BOCA RATON, FL 33487

SUBJECT: DARWINO LLC Ref. Number: L11000015033

We have received your document for DARWINO LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 911A0001717

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corp								
SUBJECT: DARWI	NO LLC.							
	(Name of L	imited Liabilit	y Company	·)				
The enclosed Articles of I	Dissolution and fee(s) are su	bmitted for fili	ng.					
Please return all correspon	ndence concerning this matte	er to the follow	ring:					
JACK	IE GLISSMAN							
		(Name of Person	1)					
DARV	VINO LLC							
		(Firm/Company	)					
6250	NW 4TH AVE					SEC FALL	=	
		(Address)				AHA NET	JUL 29	
DOOM NATION, I E 30-101								
<del></del>	(Cit	y/State and Zip (	Code)			OF S		
(City/State and Zip Code)  TOTAL  For further information concerning this matter, please call:								
For further information co	ncerning this matter, please	call:				DA A	σ	
JACKIE G	LISSMAN	at (	561	, 518-8	3186			
	(Name of Person)		(Area Code	& Daytime	Telephone N	Jumber)		
Enclosed is a check for the fo	ollowing amount:							
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy onal copy is	enclosed)	\$60.00 Certificat Certified (additions	Copy	ıs &	ed)
MAIL	ING ADDRESS:		STREI	ET/COUI	RIER AD	DRES	S:	
Registration Section Registration					~•			
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building								
r.O. box 0327 Ciliton Building								

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is DARWINO LLC	
2. The Articles of Organization were filed on FEE	BRUARY 04, 2011 and assigned document numbe
3. The date the dissolution was approved: JULY	11, 2011
	mited liability company's dissolution pursuant to section
Darwino LLC was op starting a business, bu	ened with the intension of it it never took off due to
poor planning and excessions:	es wishing.
All debts, obligations and liabilities of the	e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distr rights and interests.</li></ol>	ibuted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the cor-OR-Adequate provision has been made for the entered against it in any pending suit.	mpany in any court. e satisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Vailis Stiseman	JACKIE GLISSM 美 つ
	SSEE C
	F STAIL
	DA G