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COVER LETTER

	ration Section on of Corporations						
N SUBJECT:	amaste Associates,LLC						
_	(Name of Limited	Liability Company)					
The enclosed A	rticles of Dissolution and fee(s) are submitted	for filing.					
Please return all	correspondence concerning this matter to the	e following:					
	Jill E. Gagnon						
	(Name	of Person)					
Namaste Associates,LLC							
	(Firm/Company)						
	1149 Francis Avenue						
	(Ad	ddress)					
	Sarasota, FL 34230						
	(City/State	and Zip Code)					
For further info	rmation concerning this matter, please call:						
Jill E	. Gagnon	941 378-3936					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a che	ck for the following amount:						
✓ \$25.00	Filing Fee and Certificate of Dissolution .	- \$55.00 Filing Fee, Certificate of Dissolution & 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

Signature of an authorized person or if there are no members, the signature of the person appointed and steed above to wind up the company's activities and affairs:	The name of a limited liability Namaste Associates, Li				
The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Not being used. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Signature of an authorized person or if there are no members, the signature of the person appointed and the date of filing. Signature of an authorized person or if there are no members, the signature of the person appointed and the date of filing. Jill E. Gagnon Printed Name Printed Name	The Articles of Organization	were filed on March	14,2011	and assigned	
A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Not being used. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Signature of an authorized person or if there are no members, the signature of the person appointed affairs: Jill E. Gagnon Printed Name Printed Name			_		
Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs: Jill E. Gagnon Printed Name Printed Name	The delayed effective date the (effective of	e dissolution if not effi late cannot be prior to or mo	ective on the date of fili ore than 90 days later than dat	ng: Be Fire May , ; e document is received for filing)	20
If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: Jill E. Gagnon Printed Name Printed Name	605.0707, Florida Statutes, (c	that resulted in the limitopy 605.0707 on back	ted liability company's cover letter).	dissolution pursuant to secti	on
Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: Jill E. Gagnon Printed Name Printed Name	Not being used.		·		
Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: Jill E. Gagnon Printed Name Printed Name					
Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: Jill E. Gagnon Printed Name Printed Name					
Jill E. Gagnon Printed Name ORA Printed Name ORA Printed Name		er the name and address	s of the person appointed	d to wind up the company's	
Jill E. Gagnon Signature Printed Name ORA Printed Name					
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Jill E. Gagnon Printed Name SEA 21 Printed Name	Signature of an authorized p sted above to wind up the com	erson or if there are no pany's activities and a	members, the signature fairs:	of the person appointed and AHA	,
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	Signature /			ed Name	er. Programme