

(1	Requestor's Name)
(,	Address)
(,	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	o Filing Officer:
	A. LUNT APR 1 7 2011 EXAMINED
	Office Use Only



04/16/12--01009--014 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CENTRAL FLORIDA RADIATOR & AIR,LLC (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:		2812 A
JOAN MEDINA		PR
(Name of Person)	est T	 വ
CENTRAL FLORIDA RADIATOR & AIR,LLC		er He
(Firm/Company)		418-
5198 GULF STURGEON LN	j.r.	
(Address)		
SAINT CLOUD FL 34772		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
JOAN MEDINA at (407) 300-3911		
(Name of Person) (Area Code & Daytime Telephone Numb	ær)	_
Enclosed is a check for the following amount:		
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certificate O	Status &	losed)

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

and assigned document number
and assigned document number
ompany's dissolution pursuant to section
job.
y company have been paid or discharged.
ons and liabilities pursuant to s. 608,4421.
s members in accordance with their respective
, memoers in accordance with their respective
ourt.
any judgment, order or decree which may be
any judgment, order or decree which may be
interests necessary to approve the dissolution:
Printed Name
an medina
THE STATE OF THE S
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FILING FEE: \$25.00