LII 0000 63928

(Requestor's Name)		
(Address)		
(Address)		
(City	/State/Zip/Phone	e #)
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

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02/18/14--01040--019 **\$25.00

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J. Stativers FEB 1.9 2014

9/28/12

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ade (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:

araligal (Name of Person) ential reet (Firm/Company) (Address) 33180

For further information concerning this matter, please call:

at (786 248-6022 (Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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

1. The name of a limited liability company is

-ude

- 2. The Articles of Organization were filed on _______ and assigned document number L11000003938
- 3. The delayed effective date the dissolution if not effective on the date of filing: _

treet QPAM LLC

4. 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).

Consent of all members to dissolve.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

Printed Name

imann

FILING FEE: \$25.00

