	<u>584759</u>
(Requestor's Name) (Address) (Address)	800225145768
(City/State/Zip/Phone #)	03/22/1201014003 **25.00
(Document Number) Certified Copies Certificates of Status	12 12
Office Use Only G. MOLD	12 HAR 22 PH I2: 40
G. MCLEOD MAR 23 2012 EXAMINER	

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 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:

LCa' (Name of Person) (Firm/Company) 5 (Address) PM 12: 34219 (City/State and Zip Code) 6 For further information concerning this matter, please call: 339-1270 352 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$25.00 Filing Fee 30.00 Filing Fee & \$55:00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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