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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	 ;
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Registration Section
Division of Corporations

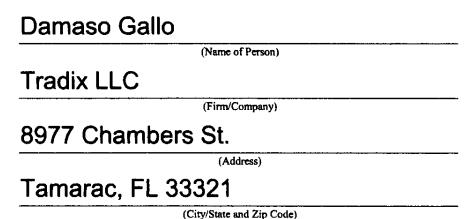
SID IFCT.

Tradix 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:



For further information concerning this matter, please call:

Damaso Gallo

",561

371-4092

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status ρ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ρ \$60.00 Filing Fee, Certificate of Status & 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

and assigned document number ty company's dissolution pursuant to section or last two years dissolve according to 608.441 (c) bility company have been paid or discharged. igations and liabilities pursuant to s. 608.4421.
or last two years dissolve according to 608.441 (c) bility company have been paid or discharged. digations and liabilities pursuant to s. 608.4421.
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ng its members in accordance with their respective
y court.
on of any judgment, order or decree which may be
ship interests necessary to approve the dissolution
Printed Name
Damaso Gallo
Miriam Giraldo