# L12000059184

| (Requestor's Name)                        |     |  |  |  |
|---|-----|--|--|--|
| (Address)                                 |     |  |  |  |
| (Address)                                 |     |  |  |  |
| (City/State/Zip/Phone #)                  |     |  |  |  |
| PICK-UP WAIT M.                           | AIL |  |  |  |
| (Business Entity Name)                    |     |  |  |  |
| (Document Number)                         |     |  |  |  |
| Certified Copies Certificates of Status _ |     |  |  |  |
| Special Instructions to Filing Officer:   |     |  |  |  |
|   |     |  |  |  |
| NOV 2 7 2012                              |     |  |  |  |
| S. TONER                                  |     |  |  |  |
|   |     |  |  |  |

Office Use Only



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SECRETARY OF STATE

# **COVER LETTER**

| TO: Registratio Division of  | n Section<br>Corporations                  |   |  |  |
|--|--|---|--|--|
| SUBJECT:   | MCALLISTER W                               | SADE LLC ited Liability Company)                                    |  |  |
|  | (Name of Lim                               | ited Liability Company)   |  |  |
|  |  |   |  |  |
| The enclosed Article   | es of Dissolution and fee(s) are subm      | itted for filing.   |  |  |
| Please return all cor  | respondence concerning this matter t       | o the following:  |  |  |
|  |  | _   |  |  |
|  | thomas una                                 | ~0⊏   |  |  |
| _  | (N   | のに<br>ame of Person)  |  |  |
|  |  |   |  |  |
|  |  | irm/Company)  | <del> </del>   |  |
|  | ·  | • •,  |  |  |
| 2709 NE 26th AVE  (Address)  FULL LAUDERDALE FO 33306  (City/State and Zip Code) |  |   |  |  |
| _  |  | (Address)   |  |  |
|  | ENTI AINCANA                               | 2127  |  |  |
|  | (City/S                                    | State and Zip Code)   |  |  |
|  | ` •  | • •   |  |  |
| For further informat   | tion concerning this matter, please ca     | 11:   |  |  |
|  |  |   |  |  |
| THOU   | (Name of Person)                           | at ( 9,74 ) 439<br>(Area Code & Daytime                             | -2926  |  |
|  | (Name of Person)                           | (Area Code & Daytime  | Telephone Number)  |  |
| Enclosed is a check for  | or the following amount:                   |   | •  |  |
| ρ \$25.00 Filing Fee   | \$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 |  |

## **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

FILED 12 NOV 16 AM 9:21

| 1. The name of a limited liability company is  MUMUSIEL WANT   | SECRETARY OF STATE FAMILIERAS SEE, PERMIT                |  |
|--|--|--|
| 2. The Articles of Organization were filed on April 2.   | and assigned document number                             |  |
| 3. The date the dissolution was approved:  | 12,2012  |  |
| 4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover le |  |  |
| OUT OF BUSINESS  |  |  |
|  |  |  |
| 5. CHECK ONE:  |  |  |
| All debts, obligations and liabilities of the limite   | d liability company have been paid or discharged.        |  |
| ☐ Adequate provision has been made for the debts   | obligations and liabilities pursuant to s. 608.4421.     |  |
| <ol> <li>All remaining property and assets have been distributed a<br/>rights and interests.</li> </ol>                  | among its members in accordance with their respective    |  |
| 7. CHECK ONE:  |  |  |
| There are no suits pending against the company   | in any court.  |  |
|  | action of any judgment, order or decree which may be     |  |
| Signatures of the members having the same percentage of men  | abership interests necessary to approve the dissolution: |  |
| Signature  | Printed Name   |  |
| Annis Mwall  | THOMAS M. WADE   |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |