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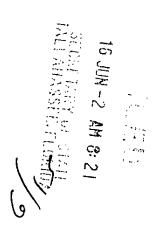
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: LALLI LLC (Name of Limited Liability Company)						
(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:						
Laura Buccellati (Name of Person)						
(Firm/Company)						
1000 Venetion 6 204 # 301 (Address) Miani, FL 33139 (City/State and Zin Code)						
Mianu , FL 33139 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Laura Buccellati at (305) 753-8681 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount: \$\square{5}\square{5}\square{5}.00\seta \text{Filing Fee} and Certificate of Dissolution}\$ \$\square{5}\square{5}.00\seta \text{Filing Fee}, Certificate of Dissolution & 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

1. The name of a limited liabil	ity company is				
LALLI	LLC			<u> </u>	·
2. The Articles of Organization			and assign	ed	
document number <u>L13</u>	00003680	<u> 25</u>			
3. The delayed effective date t (effective Note: If the date inserted in t listed as the document's effective date to the date inserted in the listed as the document's effective date to the date to the date inserted in the date inserted in the date inserted in the date	date cannot be prior to or his block does not meet	more than 90 days later that the applicable statutory	in date document is rec	ceived for fi	iling)
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the li	imited liability compar	ny's dissolution pu	rsuant to	section
					<u>-</u>
				34 20	
				74.50 86.50	
					<u>.</u>
					क देश (2)
5. If there are no members, en	er the name and addr	ress of the person appo	inted to wind up t	he compa	ıny's
activities and affairs:	Laura	Buccellat.	<u>-</u>		<u></u>
	1000 De	Buccellatinetian le 1FL 33	bey #30		
	Niani	1FL 33	139		
6. Signature of an authorized plisted above to wind up the cor	person or if there are apany's activities and	no members, the signa d affairs:	ture of the person	appointed	d and
James Signature	lla 1.	Laura	Buccell Printed Name	ati	·

FILING FEE: \$25.00