L13000122349

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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name) LJ3-122349	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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09/16/13--01040--022 **35.00

FILED
SECRETARY OF STATE

N. Guilligen | 007 1 0 2013

COVER LETTER

TO: Registration Section Division of Corporations The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) For further information concerning this matter, please call: Enclosed is a check for the following amount: ρ \$25.00 Filing Fee ρ \$60.00 Filing Fee, ρ \$30.00 Filing Fee & ρ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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



September 17, 2013

TOM D NEWMAN 7415 WETHERSIDE DRIVE ORLANDO, FL 32819

SUBJECT: CENTRAL FLORIDA MODULAR, LLC

Ref. Number: L13000122349

We have received your document for CENTRAL FLORIDA MODULAR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 513A00021786

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2013 OCT 10 AM 8: 45

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 8 2 9 20 3 and assigned document number		TACEMINOSEE, LEGIMA
3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). Closed 5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged. OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421. 6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests. 7. CHECK ONE: There are no suits pending against the company in any court. OR- OR- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.	1. The name of a limited liability company is	M X A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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FILING FEE: \$25.00