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COVER LETTER

Registration Section

TO:

| Please return all correspondence concerning this matter to the following: NICOLE DE LUCA | Divi | sion of Corporations | | | | |
|--|---|--|---|---|--------------|-------------|
| (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: NICOLE DE LUCA (Name of Person) MENI PARTY LLC (Firm/Company) 8039 NW 104TH AVE #23 (Address) DORAL, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE DE LUCA (Name of Person) At (786) 961 3630 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\begin{array}{c} \text{S25.00 Filing Fee} \text{ Address:} \text{ Registration Section} \text{ Certified Copy (additional copy is enclosed)} \text{ Polysion of Corporations} \text{ P.O. Box 6327} \text{ The Centre of Tallahassee} \text{ FL 32314} \text{ Tallahassee, FL 32314} \text{ Tallahassee, FL 32303} | eun irow | MENI PARTY LLC | | | | |
| NICOLE DE LUCA (Name of Person) MENI PARTY LLC (Firm/Company) 8039 NW 104TH AVE #23 (Address) DORAL, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE DE LUCA (Name of Person) Enclosed is a check for the following amount: \$\Begin{array}{c} \text{S25.00 Filing Fee} and Certificate of Dissolution} \text{Mailing Address:} & Street Address:} \text{Registration Section} \text{Division of Corporations} Political Poli | SOBJECT: | (Name of Limit | ted Liability Compa | ny) | | |
| MENI PARTY LLC (Firm/Company) 8039 NW 104TH AVE #23 (Address) DORAL, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE DE LUCA (Name of Person) Enclosed is a check for the following amount: ■ \$25.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Name of Person) Enclosed is a check for the following amount: ■ \$25.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | The enclosed | Articles of Dissolution and fee(s) are submit | tted for filing. | | | |
| MENI PARTY LLC (Firm/Company) 8039 NW 104TH AVE #23 (Address) DORAL, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE DE LUCA (Name of Person) (Name of Person) Enclosed is a check for the following amount: ■ \$25.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303 | Please return | all correspondence concerning this matter to | the following: | | | |
| MENI PARTY LLC (Firm/Company) 8039 NW 104TH AVE #23 (Address) DORAL, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE DE LUCA (Name of Person) Enclosed is a check for the following amount: ■ \$25.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303 | | NICOLE DE LUCA | | . · • <u></u> | | |
| (Firm/Company) 8039 NW 104TH AVE #23 (Address) DORAL, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE DE LUCA (Name of Person) Enclosed is a check for the following amount: ■ \$225.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Address) (City/State and Zip Code) at (7€C) | | (Na | me of Person) | | | |
| City/State and Zip Code | | MENI PARTY LLC | | • : | | |
| DORAL, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE DE LUCA (Name of Person) Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (City/State and Zip Code) at (196) 96/2 3630 (Area Code & Daytime Telephone Number) S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | | . (Fir | m/Company) | · · · · · | | |
| DORAL, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE DE LUCA (Name of Person) (Name of Person) Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 (City/State and Zip Code) at (786) 961.3630 (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) S25.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | | 8039 NW 104TH AVE #23 | | | | |
| (City/State and Zip Code) For further information concerning this matter, please call: NICOLE DE LUCA (Name of Person) Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (City/State and Zip Code) at (796) 961-3630 (Area Code & Daytime Telephone Number) S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303 | · · · · · | 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - | (Addresš) . | the magnification of the same | | |
| NICOLE DE LUCA (Name of Person) Enclosed is a check for the following amount: ■ \$25.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 NICOLE DE LUCA at (786) 961-3630 (Area Code & Daytime Telephone Number) **S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) **Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303 | | DORAL, FL 33178 | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Micole De LUCA (Name of Person) at (786) | 1 , | (City/St | ate and Zip Code) | t · | | |
| NICOLE DE LUCA (Name of Person) at (78€) 961. 3€30 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\Begin{array}{l} \text{S25.00 Filing Fee and Certificate of Dissolution} \text{ Certified Copy (additional copy is enclosed)} \text{ Street Address:} \\ Registration Section \\ Division of Corporations \\ P.O. Box 6327 \\ Tallahassee, FL 32314 \text{ Plane Centre of Tallahassee} \\ Tallahassee, FL 32303 | Earliberier in | formation concerning this matter, please call | j | | | |
| (Name of Person) at (186) : 161-3630 (Area Code & Daytime Telephone Number) (Area | | • | • | | | |
| Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | NIC | COLE DE LUCA | at (786 | 961- | 363 <u>0</u> | |
| ■ \$25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee Tallahassee FL 32314 Tallahassee FL 32303 Tallahassee Tallahassee Tallahassee FL 32303 Tallahassee Tallah | | (Name of Person) | (Area C | ode & Daytime Tele | phone Numb | cer) |
| ■ \$25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee Tallahassee FL 32314 Tallahassee FL 32303 Tallahassee Tallah | | | | ··. | | |
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| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303 | ■ \$25 . | .00 Filing Fee and Certificate of Dissolution | | | | |
| Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303 | | · | | wa su | | |
| rananassee, FL 32303 | Registration Section Division of Corporations P.O. Box 6327 | | Registration Division of The Centre | Section Corporations of Tallahassee | ita 810 | |
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| Accitiyas Communication of the | •• | * 11 | | ge trakiro F | :- | |

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liabil MENI PARTY LLC | ity company is | | · · · · · · · · · |
|--|---|--|---------------------|
| 2. The Articles of Organization | n were filed on | and assign | ed |
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| document number L2300023 | | organilaria Landin oc | |
| " (z. f) | | | • |
| (effective Note: If the date inserted in t | he dissolution if not effective on the da date cannot be prior to or more than 90 days land his block does not meet the applicable state tive date on the Department of State's reco | te of filing: | ceived for filing) |
| | that resulted in the limited liability corcopy 605.0707 on back cover letter). | npany's dissolution pur | rsuant to section |
| All members agree with the Co | ompany's dissolution | | |
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| All members agree with the Co | inpany's dissolution | - : | |
| All members agree with the Co | mpany's dissolution | 0, 1.9 | |
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| in a consist way on a con- | | New Selection | |
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| 5. If there are no members, en | ter the name and address of the person | appointed to wind up the | ie company s |
| activities and affairs: | | of Mingress Constitution of the Constitution o | Mars 1 200 |
| proportional control | | THE PROPERTY OF THE | 1 (\$6 V) 6 |
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| Signature of an authorized pabove to wind up the company | person or if there are no members, the s's activities and affairs: | ignature of the person a | appointed and liste |
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| Signature | | Printed Name wingd to your to the | ь оправоз |
| Electrical and the second and the se | FILING FEE: \$25.00 | | |
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