

Sumit
 Requestor's Name
L960000000129

Address _____
 City/State/Zip _____ Phone # _____

500002367865--4
 Office Use Only 12/16/97--01028--009
 *****61.25 = *****61.25

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SRA/CD L.L.C.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

FILED
 97 DEC -3 AM 11:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

G. & TAX FILING _____
 R. AGENT FEE _____
 C. COPY _____
 TOTAL _____
 BANK _____
 BALANCE DUE _____
 REFUND _____

file to

DIVISION OF CORPORATE
 97 DEC -3 AM 11:01
RECEIVED

BRK 12/3/97

Examiner's Initials	<i>B12</i>
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**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of the limited liability company is SRA/CCD, L.L.C.

2. The effective date of the limited liability company's dissolution is upon the filing of these Articles of Dissolution.

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

All of the members of SRA/CCD, L.L.C. have consented by written

agreement to the dissolution of SRA/CCD, L.L.C.

4. 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 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. CHECK ONE :

There are no suits pending against the company in any court.

-OR-

Adequate provision has been made for the satisfaction of any judgement, order or decree which may be entered against it in any pending suit.

Signatures of all members :

Signature

[Signature]

Typed or Printed name

Savitar, Inc., a Florida corporation
By: Clifford M. Stein, President

X [Signature]

William A. Meyer

X [Signature]

Clifford M. Stein

X [Signature]

Robert Stein