# "19900000000039

		2005 DEC	30 F	⊃ ?:	: 34 1
	equestor's Name)	SECRET	RY O	F ST	TE NID/
(Re	equestor's Name)	TALL AMA	<u> </u>	7, 0,	
				_	
(Ac	ddress)				
(Ac	ddress)	··········		_	
·	·				
(Ci	ty/State/Zip/Phor	ne #)		_	
☐ PICK-UP	WAIT	П«	IAII		
		<u>.</u>			
(B	usiness Entity Na	me)		-	
(D	ocument Number	)		-	
Certified Copies	Certificate	es of Status_		-	
	T			7	
Special Instructions to	Filing Officer:				
		LEST !	:		
		17.12			

Office Use Only



000062492700

12/30/05--01019--007 \*\*30.00

## **COVER LETTER**

FILED

TO:

Registration Section
Division of Corporations

2005 DEC 30 P 2: 34

SUBJECT: DISTINCTIVE TOUCH SERVICES, LLC

(Name of Limited Liability Company)

SECRETARY OF STATE ALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mar	ta L. Reimpell		
		Name of Person)	
Dis	tinctive Touch Ser	vices, LLC	
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
498	31 Brightmour Circ	le	
		(Address)	
Orla	ando, FL 32837		
<del>-</del>	(City	/State and Zip Code)	
For further information	concerning this matter, please	cail:	
Marta L. I	Reimpell	at (407 ) 251 6	6469
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & 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

The name of a limited liability company is     DISTINCTIVE TOUCH SERVICES, LLC	FILED
2. The Articles of Organization were filed on MAY 10, L99000002639	
3. The date the dissolution was approved: NOV. 29, 2	SECRETARY OF STAT TALLAHASSEE, FLORII
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	l liability company's dissolution pursuant to section
Dissolution upon written consent of all the	members of the limit liability company.
5. CHECK ONE:	
	ited liability company have been paid or discharged.
OR- Adequate provision has been made for the del	ots, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distribute rights and interests.</li></ol>	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compar	ny in any court.
Adequate provision has been made for the sat entered against it in any pending suit.	isfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of m	embership interests necessary to approve the dissolution:
Signature	Printed Name
Marta I aprila	Marta L. Reimpell
<u> </u>	
<del></del>	· - ·

FILING FEE: \$25.00