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(Re	questor's Name)	
DA)	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	
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Joshua D Schachter 3819 Wisteria Street Sarasota, FL 34232 941-927-8082

03 JUL -7 PM 1:2

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is <u>DAMORE AWD ASSOCIATES LLC.</u> SQ2215345 / 7819 WITTNIA STRUT SWATOJA FO 34232 2. The effective date of the limited liability company's dissolution is <u>7/1/03</u> 3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to 0 section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
THE COMPANY IMS GOOD DISSOVED AT PART OF A
4. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or dischargedOR- Adequate provision has been made for the debts, obligations and liabilities pursuant to 5.608.4421. 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 courtOR- Adequate provision has been made for the satisfaction of any judgment, order or dearee, which may be entered against it in any pending suit.
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:
Signature Typed or Printed name Tochya D. Schachter

Filing Fee: \$25.00