

LO2 000008761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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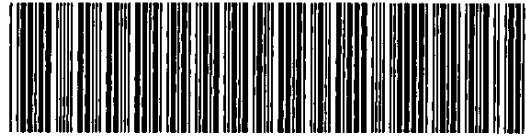
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LO2-8761  
OK

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C2 Project Management LLC

**DOCUMENT NUMBER:** L02000008761

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Didier Choukroun  
(Name of Contact Person)

PIX  
(Firm/Company)

Two South Biscayne Boulevard, Suite 2630  
(Address)

Miami, FL 33131  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Didier Choukroun at ( 305 ) 371-0333  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C2 PROJECT MANAGEMENT LLC  
(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:

Didier CHOUKROUN  
(Name of Person)

PIX  
(Firm/Company)

Two South Biscayne Blvd., Suite 2630  
(Address)

Miami, FL 33131  
(City/State and Zip Code)

2006 NOV 14 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

Didier CHOUKROUN at 305 371.0333  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$60.00 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

1. The name of a limited liability company is

C2 PROJECT MANAGEMENT LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned document number

L02000008761

3. The date the dissolution was approved: 31 OCT 2006

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).

NO FURTHER NEED FOR THIS LLC -

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

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TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature  
[Handwritten Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name  
Didier Chonkewin  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_