L120000 45120

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/18/15--01016--012 **25.00



COVER LETTER

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Division of Corporations
SUBJECT: Discount Supply LLC (Name of Limited Liability Company)
(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:
Tom Foglesong (Name of Person)
(Firm/Company)
Po Box 6246 (Address)
Po Box 6246 (Address) Vero Beach Fl 32961 (City/State and Zip Code)
For further information concerning this matter, please call:
Tom Foglesona at (772) 559 3434
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2015 DEC 18 PN 2: 19

SECRETAIN OF STATE TALLAHASSEE, FLORIDA

1.	The name of a limited liability company is	
	Discount Supply LLC	
2.	The Articles of Organization were filed on 4 2 12 and assigned	
	document number <u>L 120000 4512</u> 0	
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
4.	4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to sect 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	
	activities and affairs: Tom Foglesong	
	PO BOX 6246	
	Vero Beach Fl 32961	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:	
1	Fog Ly Tom Foglesong	
	Signature Printed Name FILING FEE: \$25.00	
	TIDITAL PER PARAMO	