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### **COVER LETTER**

SUBJECT: FAEIS, 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:    Julit Kubalik (Name of Person)	TO: Registration Section Division of Corporations
The enclosed Articles of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Julit Kubalik (Name of Person)   Fatis Lucc (Firm/Company)	0000000
Please return all correspondence concerning this matter to the following:    Julit Kubalik (Name of Person)	(Name of Limited Liability Company)
Julie Kubalik (Name of Person)  Fatis LLC (Firm/Company)  1051 Indian Beach Drive (Address)  Sarasota, FL 34234 (City/State and Zip Code)  For further information concerning this matter, please call:  Julie Kubalik (Name of Person)  at (440) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\$25.00 Filing Fee and Certificate of Dissolution	The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Fatis, LLC  (Firm/Company)  1051 Indian Beach Drive  (Address)  Savasota, FL 34234  (City/State and Zip Code)  For further information concerning this matter, please call:  1051 Indian Beach Drive (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  1051 Indian Beach Drive (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  1051 Indian Beach Drive (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  1051 Indian Beach Drive (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  1051 Indian Beach Drive (Address)  (City/State and Zip Code)	Please return all correspondence concerning this matter to the following:
ID51 Indian Beach Drive  (Address)  Sarasota, FL 34234  (City/State and Zip Code)  For further information concerning this matter, please call:  JUIC KUBAIK  (Name of Person)  at (440 b64. b895)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\$25.00 Filing Fee and Certificate of Dissolution	Julie Kubalik (Name of Person)
For further information concerning this matter, please call:    Julie Kubulk   at (440   654   6895     (Name of Person)   (Address)    Enclosed is a check for the following amount:   \$55.00 Filing Fee, Certificate of Dissolution   \$55.00 Filing Fee, Certificate of Dissolution &	Fatis, LLC (Firm/Company)
(City/State and Zip Code)  For further information concerning this matter, please call:    Julit Kubulik   at (440) 654.6895     (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:   \$55.00 Filing Fee, Certificate of Dissolution &	
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(Name of Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\infty\$\$\forall \forall 25.00 \text{ Filing Fee}\$ and Certificate of Dissolution \$\infty\$\$\$\$\$\$\$\infty\$	For further information concerning this matter, please call:
Enclosed is a check for the following amount:  \$\square\$\$ \$\square	Julie Kubalik at (440) 654.6895
	Enclosed is a check for the following amount:  \$\sum_{\sum_{0.00000000000000000000000000000000000

# 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

l.	The name of a limited liability company is  Facis
2.	The Articles of Organization were filed on 0.22.10 and assigned
	document number 68-8017086544-7
3.	The delayed effective date the dissolution if not effective on the date of filing: 2.2.17  (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.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	Business decision to shut down because
	of no clients.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: JUIL Kubalik
	1051 Indian Beach Drive
	Sarasota, FL 34234
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Inlie Kubalik
	Signature Printed Name

**FILING FEE: \$25.00** 

TIE