

L230011669

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ARDINO CONSULTING GROUP INC
Account Number : 120220000013
Phone : (407)376-2911
Fax Number : (407)674-2255

**LLC DISSOLUTION OR WITHDRAWAL
ONTIME-SOLUTIONS USA LLC**

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TALLAHASSEE, FLORIDA

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T. LEMIEUX
APR - 6 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONTIME-SOLUTIONS USA LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JACOB WAYNE LONG
(Contact Person)

(Firm/Company)

873 FOXSPRINGS DR APT K
(Address)

CHESTERFIELD, MO 63017
(City/State and Zip Code)

For further information concerning this matter, please call:

JACOB WAYNE LONG at 689 465-2986
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ONTIME-SOLUTIONS USA LLC

2. The Florida document/registration number assigned to this limited liability company is: L23000111664

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/04/2023

4. I, JACOB WAYNE LONG, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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10:00