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J. SAULSBERRY EXAMINER

APR 23 2012

COVER LETTER

	tration Section ion of Corporations			
SUBJECT: S	Strategic Document Solu	utions, LLC		
	(Name of L	imited Liability Company)		_
The enclosed A	Articles of Dissolution and fee(s) are su	bmitted for filing.		
Please return a	Il correspondence concerning this matte	er to the following:		
	Willem Remijn			
		(Name of Person)		
		· .		
	•	(Firm/Company)		
	944 52nd ST SE		2012 Table	
		(Address)	SECKETARY ALLIAHASSI	-495
	Grand Rapids, MI 4950	08	ARY VSSE	
	(Cit	y/State and Zip Code)	- 10 B	: [
For further info	ormation concerning this matter, please	call:	OF STATE) ,
Will	em Remijn	at (616) 257-6337		r
	(Name of Person)	(Area Code & Daytime Telephone	Number)	-
Enclosed is a che	eck for the following amount:			
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certified	0 Filing Fee, ate of Status & 1 Copy nal copy is enclo	osed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Strategic Document Solutions, LCC (Name of limited liability company)
(Name of limited liability company)
Michiga (Jurisdiction of its organization)
M0700000 5857
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
944 52 nd St SE (Mailing address)
Grand Rapide MI 49508 (City/State/Zip)
The finited liability company agrees to notify the Department of State in the future of any change in its mailing address. Signature of member or authorized representative of a member)
Oaniel Geelhoed (Typed or printed name of signee) APR 19 AM 80 TALLARY OF STA

Filing Fee: \$25.00