L000001311 5

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000176858 3)))

H070001768583ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
    Division of Corporations
    Fax Number   : (850)205-0383

From:
    Account Name   : BUSINESS FILINGS
    Account Number : 105256001620
    Phone   : (608)827-5300
    Fax Number   : (608)827-5501

FILED
07 JUL 10 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC DISS/WITH OR REV DISS

ALITHEIA DATA SOLUTIONS, LLC

RECEIVED
07 JUL 10 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

DB

H07000176858 3

ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is ___Alitheia Data Solutions, LLC___

2. The effective date of the limited liability company's dissolution is ___6/11/07___

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to
   0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

   ___MANAGEMENT DECISION TO DISSOLVE LLC DUE___

   ___TO LACK OF INCOME.___

4. **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 s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their
   respective rights and interests.

6. **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.

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

Signature   Typed or Printed name

_____   Rudolf Boquiron, Member
                                                   _____

_____   _____

_____   _____

_____   _____

07 JUL 10 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Filing Fee: $25.00

H07000176858 3