# 1010001966

(Re	questor's Name)				
(Address)					
(Ad	dress)	<u>.</u>			
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL .			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate:	s of Status			
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### **COVER LETTER**

Division of Corporations	
SUBJECT: Profound Learning Systems LC (Name of Limited Diability 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:	
Andres Rudmik (Name of Person)	
(Name of Person)	
Geenius, Inc (Firm/Company)	
(Firm/Company)	
4464 Long Lake Rd.	
(Address)	
Melbourne, FL 32934 (City/State and Zip Code)	59.
(City/State and Zip Code)	- T
For further information concerning this matter, please call:	ZOIL HAR
Andres Rudmik at (321) 308 - 532 7 (Area Code & Daytime Telephone Number)	PH 5: 00
(Name of Person) (Area Code & Daytime Telephone Number)	ු යා ෑ්
Enclosed is a check for the following amount:	0
\$25.00 Filing Fee and Certificate of Dissolution  \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

2

Registration Section

TO:

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

1. The name of a limited liability				
Yrofound	hearning Sy	stems		_ •
	9 0			<del></del>
2. The Articles of Organization	were filed on	4101	and assigne	d
document number <u>LO(0</u>	00019666			
3. The delayed effective date the (effective d	e dissolution if not effect ate cannot be prior to or more	ive on the date of han 90 days later tha	f filing: 9115 an date document is rec	13 cived for filing)
4. A description of occurrence to 605.0707, Florida Statutes, (co	opy 605.0707 on back co	ver letter).		
no income and	no operation	n of co	mpany for	greater
no income And Than 2 year	5.			<del></del>
5. If there are no members, enter	the name and address o	the person appo	ainted to wind up th	e company's
activities and affairs:			-	
activities and arians.		<del></del>		
				为
			<u> </u>	STATE OF THE PERSON OF THE PER
				- E S S S S S S S S S S S S S S S S S S
			·	<b>高温 0</b>
6. Signature of an authorized pe listed above to wind up the comp	rson or if there are no me any's activities and affa	mbers, the signa rs:	ture of the person a	ppointed and
Hadies Ludin	ih	Andres	Rudmik Printed Name	
Signature		F	Printed Name	<del></del>

**FILING FEE: \$25.00** 

# Notice of Limited Liability Company Dissolution

### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Profound Learning Systems	<u> </u>		_
Document number of Limited Liability Company is: L 0100019 666			<u></u>
Date of dissolution was: 12 15 13			
Description of information that must be included in a written claim:			
			_
			_
		<u>-</u>	_
			_
			_
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpo	orations)		
Geenius, Inc		2014 1	crayme
Geenius, Inc PO Box 2864	10 m	2014 MAR 17	Programmer to 1
Melbourne, FL 32902			
	日本	PM 5: 0	1
	₩ (L:	ö	

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing