

L02000013166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

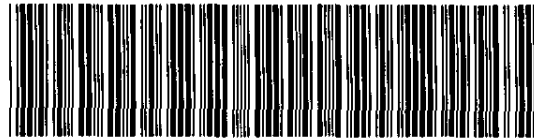
(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 APR 24 PM 4:49
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 APR 24 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLY-TRIPLEX TECHNOLOGIES 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:

Bon A. McNeil
(Name of Person)

POLY-TRIPLEX TECHNOLOGIES LLC
(Firm/Company)

P.O. Box 40
(Address)

Greensboro, FL 32330
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Harrell at (321) 247-1165
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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

1. The name of a limited liability company is

Poly-Triplex Technologies LLC

2. The Articles of Organization were filed on 5.29.2002 and assigned
document number L02000013166

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

closing company and ~~forming new name~~

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs:

Rhonda Harrell
P.O. Box 40
Greensboro, FL 32330

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TALLAHASSEE, FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature

Rhonda Harrell

Printed Name

Rhonda Harrell

FILING FEE: \$25.00