10300002370

(Red	questor's Name)			
(Add	dress)			
(Ada	dress)			
(City	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

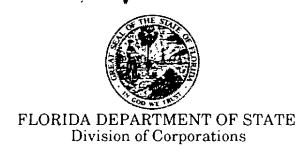
Office Use Only



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December 1, 2017

ERIN OBRIEN 144 SPRINGFIELD PT RD WOLFEBORO, NH 03894

SUBJECT: THE EXPERT SOURCE LLC

Ref. Number: L03000002370

We have received your document for THE EXPERT SOURCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Also, please list description of information needed to file a written claim on compny.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 217A00024267

<u>COVER LETTER</u>

TO: Registration Section Division of Corporations					
DOCUMENT NUMBER: LO 3 00000 2370					
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Erin Bnes					
(Name of Contact Person)					
(Firm/Company)					
(Address)					
(City/State and Zip Code)					
For further information concerning this mat	ter, please call:				
(Name of Contact Person)	at (954) 329-4213 (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount	nt:				
\$25 Filing Fee \$\to\$ Certificate of Status	□ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)				
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited liabil	ity company is		
The Exp	prt Source		·
2. The Articles of Organization	n were filed on	<u></u>	and assigned
document number		_ •	
3. The delayed effective date t (effective Note: If the date inserted in t listed as the document's effective date.	date cannot be prior to or mo his block does not meet the	ore than 90 days later than da e applicable statutory filir	ing: ate document is received for filing) ng requirements, this date will not be
F. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limi copy 605,0707 on back	ted liability company's cover letter).	dissolution pursuant to section
Company	notach	ve	
5. If there are no members, entactivities and affairs:		S of the person appointed	ed to wind up the company's
	144 Sp1	the field	Pt 12ci
	Wolfeba	o NH	03894
 Signature of an authorized pisted above to wind up the cor 	person or if there are no npany's activities and a	members, the signature ffairs:	e of the person appointed and
6	-	Erm	asnew
Signature		Prin	ted Name

FILING FEE: \$25.00