L03600056860

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





700043425757

12/21/04--01048--002 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TED

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is						
Solutions 4, LCC						
2. The date the dissolution was approved: 12/18/04.						
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).	to .					
_ 609 of Vonders, Income stream +						
Company unprofitable	<u></u>					
						
4. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or dischargedOR-						
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 the respective rights and interests.	ır					
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 protect the dissolution:	ve					
Signature Typed or Printed name Typed or Printed name MANAGON OF THEM	ek					
TACQUELINE North	A					
RIDE ST						

• TRANSMITTAL LETTER

Division of Co				
SUBJECT: 50	la tions 4 (Name of I	LCC		
	(Name of I	imited Liability Company)	_	
The enclosed Articles of	of Dissolution and fee(s) are sub	mitted for filing.		
Please return all corres	condence concerning this matter	to the following:		
_	Tochie	M, //ey (Name of Person)		2.
	511.	(Name of Person) (Firm/Company)		
				,
	10751 Fl	Ox Glan Dr (Address)	ice	
	Bora Ba	(Address) Ion Fl 33 y/State and Zip Code)	3428	
For further information	concerning this matter, please of	eall:		
Joch	hie Miller	at (<u>GG)</u> 2/ (Area Code & Daytime	8-1491	
	(Name of Person)	(Area Code & Daytime		
Enclosed is a check for th	e following amount:		SECRETAL SEC	-1
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Saque & Certificate Copyris Enclosed (additional copyris Enclosed)	
STRI	EET ADDRESS:	MAILING ADDR	₹, 1	
			Registration Section	
	ion of Corporations	Division of Corpora	ations	
	Gaines Street	P.O. Box 6327		
Tallahassee, Florida 32399 Tallahassee, Florida 32314				