## #10400029593

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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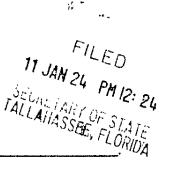
## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Sophix Solutions, 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:			
Mark Eckerty			
(Name of Person)			
Sophix Solutions INC			
Sophix Solutions, INC (Firm/Company)			
1101 Channelside Dr. #264			
(Address)			
Tampa, FL 33602			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Mark Eckerty at ( 813 ) 837-9555			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee & Certificate of Status  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: STREET/COURIER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Sophix Solutions, LLC	AMASSEE, FLO
2. The Articles of Organization were filed on 04/19/L04000029593	2004 and assigned document number
3. The date the dissolution was approved: 12/31/20	)10
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back concreated another operating entity cal	ed liability company's dissolution pursuant to section ver letter).
OR-	mited liability company have been paid or discharged.
	ted among its members in accordance with their respective
There are no suits pending against the compa	any in any court.  tisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:
Signature	Printed Name
OR-	Gregory T. Moore
Med Eclety	Mark R. Cekerty

FILING FEE: \$25.00