LO4000010848

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



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APR 26 AM 8:

D. BRUCE APR 28 2010 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2010

NANCY B. KOHLBECK 203 ALEXANDRA WOODS DRIVE DEBARY, FL 32713-2623

SUBJECT: ON SITE SAFETY SOLUTIONS, LLC

Ref. Number: L04000068485

10 APR 26 AH 8: 15

We have received your document for ON SITE SAFETY SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 710A00009423



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On Site Safety 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:
Nanov R. Kohlhook
Nancy B. Kohlbeck
(Name of Person)
On Site Safety Solutions, LLC
(Firm/Company)
203 Alexandra Woods Drive
(Address)
203 Alexandra Woods Drive Address) Debary, FL 32713-2623
(City/State and Zip Code)
For further information concerning this matter, please call:
Nancy B. Kohlbeck _{at (} 386 ₎ 668-6175
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\sqrt{30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \(\sqrt{560.00 Filing Fee, Certified Copy (additional copy is enclosed)} \)

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 DISSÖLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on 9. L04000068485	-20-04 and assigned document number	
3. The date the dissolution was approved: 4-1-2010		
	te limited liability company's dissolution pursuant to section back cover letter).	
No business - not reasonable to	o carry on business. Voluntary Dissolution	
5. CHECK ONE:		
All debts, obligations and liabilities o	of the limited liability company have been paid or discharged.	
	or the debts, obligations and liabilities pursuant to s. 608.4421.	
All remaining property and assets have been orights and interests.	distributed among its members in accordance with their respective	
7. CHECK ONE:		
There are no suits pending against the	e company in any court.	
-OR- Adequate provision has been made for entered against it in any pending suit.	or the satisfaction of any judgment, order or decree which may be	
ignatures of the members having the same percent	age of membership interests necessary to approve the dissolution	
ignatures of the members having the same percent	tage of membership interests necessary to approve the dissolution: Printed Name	
Signature	Printed Name Gregory A. Higgins 3 Nancy B. Kohlbeck	
Signature	Gregory A. Higgins A To Nancy B. Kohlbeck	
Signature	Printed Name Gregory A. Higgins 3 Nancy B. Kohlbeck	