

L05 0000008688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

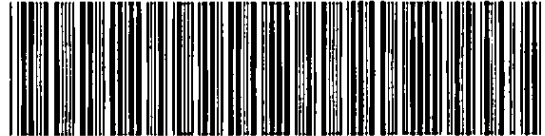
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/20/22--01015--009 \*\*35.00

2022 MAY 20 PM 2:30  
Filing Office

JUL 25 2022

M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INFOSOURCE COMMUNICATIONS, 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:

Dr. Reginal D. Harris, Esq.

\_\_\_\_\_  
(Name of Person)

INFOSOURCE COMMUNICATIONS, LLC

\_\_\_\_\_  
(Firm/Company)

Post Office Box 382

\_\_\_\_\_  
(Address)

Converse, TX 78109-0382

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Reginal D. Harris, Esq.

\_\_\_\_\_  
(Name of Person)

210

802-9477

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2002 MAY 20 PM 2:50

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
INFOSOURCE COMMUNICATIONS, LLC
2. The Articles of Organization were filed on January 18, 2005 and assigned  
document number L05000008688
3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

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).

The company ceased conducting its business in Florida on or about December 30, 2021. All winding up and distri

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and distribution of assets have been completed in accordance with section 605.0709 of the Florida Statutes.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Dr. Reginal D. Harris, Esq.

Post Office Box 382

Converse, TX 78109-0382

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

Reginal D. Harris

Printed Name

**FILING FEE: \$25.00**

2022 MAY 20 PM 2:30

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: INFOSOURCE COMMUNICATIONS, LLC

Document number of Limited Liability Company is: L05000008688

Date of dissolution was: December 30, 2021

Description of information that must be included in a written claim:

1. Name, Address, Phone, and Email of Company/Claimant/Vendor seeking claim(s).  
\_\_\_\_\_
2. Specifies as to the claim(s) being sought. Must include deadline for response.  
\_\_\_\_\_
3. Claim(s) regarding outstanding debt, obligation, or contracts must be accompanied by a certified copy any agreements, contracts, or the like. Claims may not be emailed or faxed. Must be sent by certified or registered mail.  
\_\_\_\_\_
4. Claim(s) must be verified by affidavit or otherwise sworn by claimant.  
\_\_\_\_\_


Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Dr. Reginal D. Harris, Esq.  
Post Office Box 382  
Converse, TX 78109-0382  
CLAIMS MAY NOT BE EMAILED OR FAXED.

2022 MAY 20 PM 2:36  
CLERK OF COURT  
CLERK OF COURT

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Reginal D. Harris  
Printed Name of the Person Filing

  
Signature of the Person Filing