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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations IMPACT 3, LLC. SUBJECT: DOCUMENT NUMBER: ___ L050000 17747 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) 16221 NW 19th Avenue (Address) OPA LOCKA, FL 33054 (City/State and Zip Code) For further information concerning this matter, please call: SHARNELL JAUKSON at (954) 701-5378

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301



February 20, 2006

SHARNELL JACKSON 16221 NW 19TH AVENUE OPA LOCKA, FL 33054

SUBJECT: IMPACT 3 LLC Ref. Number: L05000017747

We have received your document for IMPACT 3 LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Letter Number: 806A00011876

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

	ation Section n of Corporations
SUBJECT:	(Name of Limited Liability Company)
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
,	(Name of Person) (Firm/Company)
	(Firm/Company)
	16221 NW 19th Avenue
	Opa Locka FL 33054 (City/State and Zip Code)
For further info	rmation concerning this matter, please call:
_5	(Name of Person) at (954) 701 - 5378 (Area Code & Daytime Telephone Number)
Enclosed is a chec	ck for the following amount:
\$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
2. The Articles of Organization were filed on Fek	Pruary 16, 2005 and assigned document number
The company is being diss unethical practices, and violat	nited liability company's dissolution pursuant to section
OR- Adequate provision has been made for the 6. All remaining property and assets have been distri- rights and interests. 7. CHECK ONE: There are no suits pending against the con- OR-	e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421. buted among its members in accordance with their respective in any in any court. e satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of Signature	of membership interests necessary to approve the dissolution: Printed Name
Sharnell Gackson	Sharnell Tackson
	SSEC 3 03 03 03 03 03 03 03 03 03 03 03 03 0