

L05000024942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

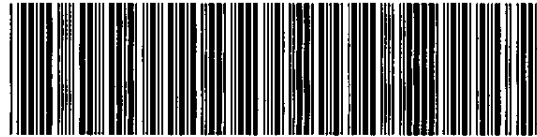
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 FEB -6 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB 9 2009
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution Profit Corporation

DOCUMENT NUMBER: EIN- 20- 2649922

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arvin Strite

(Name of Contact Person)

One Source, LLC

(Firm/Company)

5700 Sweet heart Ct.

(Address)

St. Cloud, Fl. 34722

(City/State and Zip Code)

For further information concerning this matter, please call:

Arvin Strite

(Name of Contact Person)

at (407) 957- 7745

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2009

ARVIN STRITE
ONE SOURCE, LLC
5700 SWEETHEART CT.
ST. CLOUD, FL 34772

SUBJECT: ONE SOURCE, LLC
Ref. Number: L05000024942

We have received your document for ONE SOURCE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

Letter Number: 809A00003275

Please return excessive payments to:

*Arvin Strite
5700 Sweetheart Ct.
St. Cloud, FL 34772*

*Thank You,
Arvin Strite*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Source 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:

Arvin Strite
(Name of Person)

One Source, LLC
(Firm/Company)

5700 Sweetheart Ct.
(Address)

St. Cloud, FL 34772
(City/State and Zip Code)

For further information concerning this matter, please call:

Arvin Strite at (407) 383-1682
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED

2009 FEB -6 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

One Source LLC

2. The Articles of Organization were filed on March 11, 2005 and assigned document number

LO5000024942

3. The date the dissolution was approved: January 15, 2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

slow down in business

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. 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 approve the dissolution:

Signature

Printed Name

Arvin Strite

Arvin Strite