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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GUNSTER, YOAK Account Number : 076117000420

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Phone

: (561)650-0728

Fax Number

: (561)671-2527

# LLC DISSOLUTION OR WITHDRAWAL TOPSOURCE STAFFING, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

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### ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

#### TOPSOURCE STAFFING, LLC

Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State:

- 1. The name of the limited liability company is TOPSOURCE STAFFING, LLC (the "Company").
- 2. The Articles of Organization were filed with the Florida Department of State on September 19, 2005, and assigned Document Number L05000092148.
- 3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by Written Consent of the Manager and Sole Member of the Company, dated as of December 3, 2017.
- 4. All debts, obligations and liabilities of the Company have been paid or discharged.
- 5. All property and assets of the Company have been distributed to the sole member of the Company.
  - 6. There are no suits pending against the Company in any court.

IN WITNESS WHEREOF, the undersigned hereby executes these Dissolution as of the 2-3 day of December, 2017.

MEMBER:

SCHECK ALPHA LP, a Delaware limited partnership

By: SCHECK INVESTMENTS LLC, a
Delaware limited liability company, its General

Rv-

Partner

sheck, Manager

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#### NOTICE OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

This Notice of Limited Liability Company Dissolution is submitted by the dissolving limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Name of Limited Liability Company: TopSource Staffing, LLC.

Document Number of Limited Liability Company: L05000092148.

Date of Dissolution: The date the Articles of Dissolution are filed with the Department of State.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (c) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: TopSource Staffing, LLC, 400 N. Pine Island Road, Suite 300, Planlation 22, 33324

A claim against TOPSOURCE STAFFING, LLC will be Earred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MANAGER

GIL FONMIT