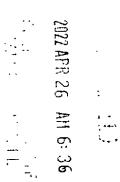
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04/26/21--01013--026 **\$5.00



O SIMMONE JUN 1 0 2021

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ONE SOURCE RELIABILITY INVESTMENTS, LLC					
(Name of Limited Liability Company)						
The enc	losed Articles of Dissolution and fee(s) are submit	ted for filing.				
Please re	eturn all correspondence concerning this matter to	the following:				
	Nick Camparscone					
(Name of Person)						
	OSR Rentals					
	(Firm/Company)					
	1360 SW 56th Avenue					
	(Address)					
	Plantation, Florida 33317					
(City/State and Zip Code)						
For furt	her information concerning this matter, please call	: :				
Nick Camparscone		954 540-3521				
	(Name of Person)	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	Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSQUERTOR AH 6: 37 FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia ONE SOURCE RELIABIL	• • •	.c	
2. The Articles of Organiza	ition were filed on Septer	mber 20, 2005	and assigned
document number 1.0500	0092475		
Note: If the date inserted	tive date cannot be prior to or	more than 90 days later the the applicable statutor	nan date document is received for filing) v filing requirements, this date will not be
4. A description of occurrer 605.0707, Florida Statute	nce that resulted in the li s, (copy 605,0707 on bac	mited liability compa ck cover letter).	ny's dissolution pursuant to section
Voluntary withdrawal of on			LLC
Voluntary withdrawal of one 5. If there are no members,	enter the name and addr	ess of the person app	ointed to wind up the company's
activities and affairs:	Mike Freda 99 Linde	n Ave Red Bank, New	Jersey 07701
		<u> </u>	
 Signature of an authorize above to wind up the compa 	d person or if there are nny's activities and affair	no members, the signals;	iture of the person appointed and listed
1/01/1			
Nicholay & am	Darione		e as Registered Agent
Signature			Printed Name

FILING FEE: \$25.00