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(Re	equestor's Name)					
•	,					
(Address)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
		*				
(Bu	siness Entity Nam	ne)				
(Do	ocument Number)					
Certified Copies	Certificates	of Status				
	_					
Special Instructions to	Filing Officer:					
·						

Office Use Only



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SECRETARY OF STATE
TALLAHASSEL FLORIDA

A. Shiwers JAN 29 2015

COVER LETTER

TO:

Registration Section ...
Division of Corporations

U SUBJECT:	U - DESIGN INTEGRATION LLC						
	(Name of Limited Liability Company)						
The enclosed A	ticles of Dissolution and fee(s) are submitted	for filing.					
Please return all	correspondence concerning this matter to the	following:					
	Miguel Alejandro Aguirre						
	(Name of Person)						
	U - DESIGN INTEGRATION LLC						
	(Firm/Company)						
	1216 Sandler Ridge Road						
	(Address)						
	Tallahassee, Florida, 32317						
(City/State and Zip Code)							
For further infor	mation concerning this matter, please call:						
Miguel Alejandro Aguirre		850	345-2537				
	(Name of Person)	at ((Area Cod	e & Daytime Telephone Number)				
Enclosed is a chec	ck 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/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 liabili U - DESIGN INTEGRA	ity company is TION LLC				
2.	The Articles of Organization	were filed on	ber 27, 2005	_ and assigned		
	document number	094795	_			
3.	The delayed effective date the (effective	elayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date do				
4.	A description of occurrence 605.0707, Florida Statutes, (Unable to develop and	copy 605.0707 on back c	over letter).	•	ant to secti	on
5.	If there are no members, enter activities and affairs:	er the name and address Miguel Alejandro Ag		to wind up the c	ompany's	
	1216 Sandler Ridge Road			Alleran		
		Tallahassee, FL 323	317	<u> </u>	N 52	
		USA			CIRE I	
6. lis	Signature of an authorized p sted above to wind up the com	erson or if there are no n pany's activities and aff	nembers, the signature of airs:	the person app	ointed and	History Et ison
			Miguel Alejandro Aç	guirre (7	1:46 94:1	ge rren i.
	Signature		Printed	Name		

FILING FEE: \$25.00