<u>L05000112542</u>

(Requestor's Name)		
(Address)		
(
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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DEC 02 2008

EXAMINER



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12/01/08--01020--007 **25.00

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: OS Solutions			
(Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s)	•		
Please return all correspondence concerning this	s matter to the following:		
Gary Adkison			
	(Name of Person)		
OS Solutions			
	(Firm/Company)		
8811 Long Beach ((Address)		
Atlanta CA 20250	(Addiess)		
Atlanta, GA 30350 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Ingalill Atala	at (770) 518-3494		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$25.00 Filing Fcc & Certificate of Sta			
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

SECRETARY OF STATE DIVISION OF CORPORATION:

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The name of a limited liability company is Solutions	
2. The Articles of Organization were filed on 11/22/20 L05000112542	and assigned document number
3. The date the dissolution was approved: 10/31/200	8
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover	liability company's dissolution pursuant to section
Upon the written consent of all the members	of the limited liability company. It is provided
in the articles of organization or operating agreement	and is pursuant to section 608.441, Florida Statutes
OR- Adequate provision has been made for the debt 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: ☐ There are no suits pending against the company OR-	
ignatures of the members having the same percentage of me	, , , , , , , , , , , , , , , , , , , ,
Signature Say A/L	Printed Name Sory Adrison
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