

LN 000010944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN - 3 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S2 Institute Orlando, 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:

Scott P. Swope, J.D.

(Name of Person)

Swope & Bright, P.L.

(Firm/Company)

28870 U.S. Highway 19 N., 3rd Floor

(Address)

Clearwater, FL 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott P. Swope, J.D.

(Name of Person)

at (727) 725-0200

(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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

210 DEC 30 AM 11:22

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

S2 Institute Orlando, LLC

2. The Articles of Organization were filed on January 31, 2006 and assigned document number L06000010944

3. The date the dissolution was approved: 12-29-10
effective December 31, 2010

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).

written consent of the sole member of the limited liability company

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

[Signature]

Printed Name

Tim O'Rourke as CEO of The
Safety & Intelligence Institute, Inc.
Sole Member

FILING FEE: \$25.00

2010 DEC 30 AM 11:22
SECRETARY OF STATE
ALLAHAMSE, FL 32604

**MEMBER CONSENT TO DISSOLUTION
OF
S2 INSTITUTE ORLANDO, LLC**

As sole member of S2 Institute Orlando, LLC, The Safety and Intelligence Institute, Inc. hereby consents to the dissolution of the limited liability company effective December 31, 2010.

Dated: 12-24-2010



By: Tim O'Rourke, as CEO of
The Safety & Intelligence Institute, Inc.
Sole Member

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TALLAHASSEE, FLORIDA