L06000055602

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
_	_	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filling Officer.	
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Office Use Only

B. KOHR

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EXAMINER



100242167141

11/28/12--01005--016 **25.00



RICHARD CLAY • ARCHITECT

FLORIDA CERTIFICATE NO: 8746 .

POST OFFICE BOX 729 • LECANTO, FL 34460 OFFICE: 352, 795, 4155 • CELL: 352, 302, 3487

rclay@synergyarch.com

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



Re: Articles of Dissolution for Synergy Architecture, LLC A.A. License # 26001178

Dear Registration Section:

Attached is our check #2473 payable to Division of Corporations for \$25.00

We, my partner and I have dissolved our partnership that was known as Synergy Architecture, LLC. which was assigned the number A.A. 26001178.

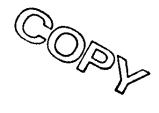
Hereafter, please direct any and all questions or comments that you may have to Richard Clay - Architect, Post Office Box 729, Lecanto, FL 34460

Thank you.

Sincerely,

RICHARD I. CLAY, Architect Florida Certificate No: 8746

COVER LETTER



TO:

Registration Section Division of Corporations

SUBJECT: Synergy Architecture, 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:	iger (
Fig. 5.	المعمود
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	Share .
Please return all correspondence concerning this matter to the following:	1
To F.	-
Richard Clay	2
(Name of Person)	
Richard Clay - Architect	
(Firm/Company)	
Post Office Box 729	
(Address)	
Lecanto, FL 34460-0729	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Richard Clay at 352 795-4155	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

A LIMITED LIAI	F DISSOLUTION OR BILITY COMPANY	RECEIVED A TO
1. The name of a limited liability company is Synergy Architecture, LLC		100
2. The Articles of Organization were filed on L06000055602		_ and assigned document number
3. The date the dissolution was approved: 17 Octo	ber 2012	
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co Because of the present state of the econ		
5. CHECK ONE: All debts, obligations and liabilities of the line of the line of the line of the control of the line of the li	lebts, obligations and liab	ilities pursuant to s. 608.4421.
There are no suits pending against the compound -OR- Adequate provision has been made for the sentered against it in any pending suit.	•	nt, order or decree which may be
Signatures of the members having the same percentage of	membership interests nec	essary to approve the dissolution:
Signature		Printed Name
V M	Richard (Clay
Kint w tul re	Richard \	W. Laxton, Jr.
	·	

FILING FEE: \$25.00