Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOCKE LORD LLP Account Number: 075410001517

: (561)833-7700 per : (561)655-8719

Fax Number

LLC DISSOLUTION OR WITHDRAWAL AVISENA STAFFING LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

Corporate Filing Menu

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Avisena Staffing LLC
2.	The Articles of Organization were filed on August 16 2006 and assigned
	decument number <u>L06000080979</u>
3.	The delayed 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 document is received for filing)
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to secu 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	The filing of a Statement of Administrative Dissolution by the Department of State
	puisuarit to Section 603.07 14.
5.	If there are no members, enter the name and address of the person appointed to wind up the company?
5.	
5.	If there are no members, enter the name and address of the person appointed to wind up the company?
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. lis	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. lis	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Signature of an authorized person or if there are no members, the signature of the person appointed an sted above to wind up the company's activities and affairs:

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FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filling a voluntary dissolution.

Name of Limited Liability Company: AVISENA STAFFING LLC	
Document number of Limited Liability Company is:	
Date of dissolution was: 09/26/2014	
Description of information that must be included in a written claim:	
Provide a reasonable description of the claim that the claimant might be entitled to.	
Provide the amount of the claim and any Interest obligation if fixed by an instrument	
of Indebtedness. The claim must be in writing and sent to the attention of Joseph	
Radigan CEO at the address below.	
•	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Avisena Inc.	
6100 Blue Lagoon Drive Ste. 450	
Miami FL 33126	
A claim against the above named limited liability company will be barred unless a proceeding to enforce to claim is commenced within 4 years after the filing of this notice.	he
Avisena Inc., its sole member Joseph Radigan, CEO x York	
Printed Name of the Person Filing Shiftstory of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00