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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SLCDBC SOLUTIONS GROUP, 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:
DAVID B. CAMPBELL (Name of Person)
(Firm/Company)
312 S. ASTER TRACE
JACKSONVIILE, FL 31759 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (904) 330 - 4433 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY