

LO70000 92229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

FEB 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE 32 INNOVATIVE SOLUTIONS, 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:

JOHN W. IVES

(Name of Person)

EAGLE 32, LLC

(Firm/Company)

1619 HARTSVILLE TRAIL

(Address)

THE VILLAGES, FL 32162-2269

For further information concerning this matter, please call:

[illegible]

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee and Certificate of Dissolution ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

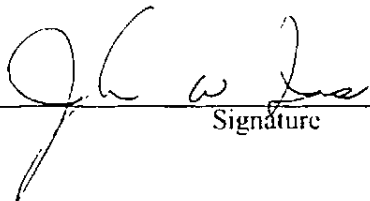
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
EAGLE 32 INNOVATIVE SOLUTIONS, LLC
2. The Articles of Organization were filed on SEPTEMBER 10, 2007 and assigned
document number L07000092229
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Owner/Founder/Sole Employee retired.
Owner/Founder/Sole Employee retired.
Owner/Founder/Sole Employee retired.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

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2020 MAR 10 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signature

JOHN W. IVES

Printed Name

FILING FEE: \$25.00