L07000

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: NORTHWEST REGISTERED AGENT LLC

Account Number : I20090000081 Phone

: (509)768-2249

Fax Number

: (855)330-1010

LLC DISSOLUTION OR WITHDRAWAL **IQUEST, LLC**

· · · · · · · · · · · · · · · · · · ·	والمستوا المتحدد والمستوا المتحدد والمتحدد
Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FOR A LIMITED LIABILITY COMPANY

			75	
	ARTICLES OF DISSO FOR A LIMITED LIABILITY		ASTANA SOLETA	
The name of a limited liab	ility company is			37. 30 08/6
The Articles of Organizati	on were filed on 10/10/2007		and assigned	4
locument number L0700	0103030			
The delayed effective date (effectiv	the dissolution if not effective of the date cannot be prior to or more than 9	n the date of filing 0 days later han date d	councut is received for fill	ing)
05.0707, Florida Statutes,	te that resulted in the limited liab (copy 605.0707 on back cover le	ility company's dis etter).	ssolution pursuant to s	ection
Domestication into Wy	roming			
				
•				- · · ·
		,		
•	nter the name and address of the	person appointed t	o wind up the compan	ny's
•	Samuel Uresin	person appointed t	o wind up the compan	ıy's
•	P.O. Box 8337	person appointed t	o wind up the compan	ny's
•	Samuel Uresin	person appointed t	o wind up the compan	ny's
activities and affairs:	P.O. Box 8337			· · ·
activities and affairs:	P.O. Box 8337 Jackson, WY 83002			· · ·

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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. 615.0712, F.S.

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

Name of Limite	ed Liability Company: IQUEST, LLC
Document num	ber of Limited Liability Company is: L07000103030
Date of dissolu	tion was: 03/18/2015
	information that must be included in a written claim:
Domestic	cation into Wyoming
)
Mailing addres	s where claims can be sent: (Claims cannot be sent to the livision of Corporations)
	P.O. Box 8337
	Jackson, WY 83002
	st the above named limited liability company will be barredunless a proceeding to enforce the claim is ithin 4 years after the filing of this notice.
•	
Samuel	Uresin Samellin
	Printed Name of the Person Filing Signature of the Person Filing