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SECRETARY OF STATE PALLAHASSEE, FLORIDA

COVER LETTER

	ision of Corporations		
SUBJECT:	Iconic S	Solutions LLC	
SOBJECT.	(Name of	Limited Liability Company)	
The enclosed	d Articles of Dissolution and fee(s) are s	ubmitted for filing.	
Please return	all correspondence concerning this mat	ter to the following:	
	Rayan	Russell	
		(Name of Person)	
		(Firm/Company) nberline Road (Address) FL 33327 AM III I I I I I I I I I I I I I I I I I	
	1961 Tin	nberline Road	
		(Address)	
		FL 33327 SA = SA = S	,
	· (C	ity/State and Zip Code)	
For further i	nformation concerning this matter, pleas	e call:	
	Rayan Russell	at (954) 608 9360	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:		
\$25.00 Fili	ng Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	:d)
	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

and assigned document number
l liability company's dissolution pursuant to seemon reletter).
1 A S S S S S S S S S S S S S S S S S S
EE FLO
RATE O
ots, obligations and liabilities pursuant to s. 608.4421. d among its members in accordance with their respective my in any court. isfaction of any judgment, order or decree which may be .
embership interests necessary to approve the dissolution:
Printed Name
Rayan Russell
Rayan Russell
Rayan Russell