# LU7000117208

(1	Requestor's Name)		
(,	Address)		
(.	Address)		
(1)	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2013

WAYNE LYNN 18902 PLACE MARQUETTE LUTZ, FL 33558

SUBJECT: INTEGRATION SOFTWARE LLC

Ref. Number: L07000117208

We have received your document for INTEGRATION SOFTWARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 213A00025934

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Integration Software LLC (Name of Limited Liability Company)	·			
(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:				
Wayne Lynn (Name of Person)				
(Name of Person)				
(Firm/Company)	MITOEC 26 SELECTAN ALLIANS ALLIANS			
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18902 Place Marguette	( - j			
(Address)				
/8902 Place Marguette (Address)  Lutz, FL 33558  (City/State and Zip Code)	五 五			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Wagne Lynn at (813) 545-	3294			
(Name of Person) at (8/3) 545- (Name of Person) (Area Code & Daytime Tele	phone Number)			
	,			
Enclosed is a check for the following amount:	÷			
Certificate of Status Certified Copy C (additional copy is enclosed) C	S \$60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)			

## 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

1. The name of a limited liability company is	
Integration Softwere LL	- <u>C</u>
2. The Articles of Organization were filed on Movemb	
	and assigned document number
_	
3. The date the dissolution was approved: July 13	·
4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover li	iability company's dissolution pursuant to section letter).
Unenmovs Consent of th	he members En &
	10 TE
	6
5. CHECK ONE:	
(All debts, obligations and liabilities of the limite	ed liability company have been paid or discharged.
-OR-  ☐ Adequate provision has been made for the debts	, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distributed rights and interests.</li></ol>	among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company	in any court.
	action of any judgment, order or decree which may be
Signatures of the members having the same percentage of men	nbership interests necessary to approve the dissolution:
Signature	Printed Name
Mayon Mynn	Mana Lina
A. A	To an Dala
21-19 <del>00-190</del> 1	SERVEL PUIC
	· .

FILING FEE: \$25.00