

L08000023648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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09/18/14--01028--019 **25.00

FILED
2014 SEP 18 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan SEP 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRIS SYSTEMS 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:

Doreen Ellis
(Name of Person)

IRIS Systems LLC
(Firm/Company)

1321 Costa Del Sol Dr.
(Address)

Port Orange, FL, 32129
(City/State and Zip Code)

For further information concerning this matter, please call:

Doreen Ellis at (386) 682-3186
(Name of Person) (Area Code & Daytime Telephone Number)

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 SEP 18 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

IRIS Systems LLC

2. The Articles of Organization were filed on 9/16/2014 and assigned

document number 208 0000 23648

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

No business conducted in the past 12 months.
Attempts of advertising have failed. Member
Steven Ellis (only other member) has been unable
to work under any capacity in the last 4 years.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Doreen Ellis, Operations Manager
1321 Costa Del Sol Dr.
Port Orange, FL 32129

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:

Doreen Ellis
Signature

DOREEN ELLIS
Printed Name

FILING FEE: \$25.00