

LO8000043132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

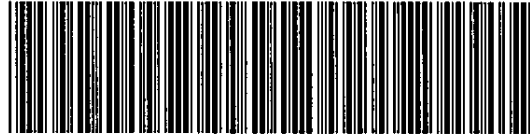
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100271804381

04/20/15--01016--001 **25.00

FILED
15 APR 20 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 30 2015
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SQL INTERFACE 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:

CLAUDIA SILVA

(Name of Person)

SQL INTERFACE

(Firm/Company)

164 SW 83 WAY APT 207

(Address)

PEMBROKE PINES, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA SILVA

(Name of Person)

at (305) 450-7109

(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
15 APR 20 PM 12:20
SHERIFF'S OFFICE
GALLAHUSSEE, FLORIDA

1. The name of a limited liability company is
SQL INTERFACE LLS

2. The Articles of Organization were filed on 04/29/2008 and assigned
document number L08000043132

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).
Upon the consent of all the members of the LLC, it is agreed to voluntarily end the
existence of the LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: CLAUDIA SILVA
164 SW 83 WAY APT 207
PEMBROKE PINES, FL 33025

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:


Signature

04/15/2015
Printed Name

FILING FEE: \$25.00