## L08600052471

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(2)
(Document Number)
Certified Copies Certificates of Status
Consist Instructions to Filips Officer
Special Instructions to Filing Officer:





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J. LEGGETT APR 0.2 2018

## **COVER LETTER**

SUBJECT: Advanced Global	Network LLC.
(Name of Limited L	iability Company)
The enclosed Articles of Dissolution and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the f	following:
Evi W. Hanana (Name of	Person)
(Firm/Co	
4228 SW 3raf	ve.
Cape Coval FL (City/State an	3 39 1 4 d Zip Code)
For further information concerning this matter, please call:	·
EV. WHMann (Name of Person)	at ( 239 ) 541-7755 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	(Area code & Daytime Telephone (Aunter)
\$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	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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
	Advanced Global Network LLC
2.	The Articles of Organization were filed on $\frac{418/2008}{}$ and assigned
	document number <u>L080000 52 471</u>
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)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
	4 dissolve LIC
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5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
$\sum_{i=1}^{n}$	Fr Soften Ev. Withmann
	Nonature Printed Name

FILING FEE: \$25.00