

LOF0000 53282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

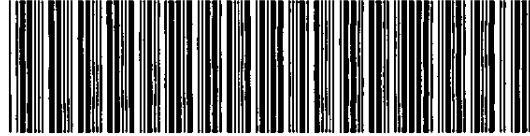
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 45:15  
15 MAY - 7 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **STACGLOBAL, 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:

**THOMAS R HERRERA**

(Name of Person)

**PREMIER TAX & ACCOUNTING CONSULTANTS INC**

(Firm/Company)

**3662 AVALON PK E BLVD #2062**

(Address)

**ORLANDO, FL 32828**

(City/State and Zip Code)

For further information concerning this matter, please call:

**THOMAS R HERRERA** at **407** **392-1488**

(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**

1. The name of a limited liability company is

STACGLOBAL LLC

2. The Articles of Organization were filed on MAY 28, 2008 and assigned

document number L08000053282

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).

ALL BUSINESS ACTIVITY CEASED AS OF DECEMBER 31, 2014

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

activities and affairs:

THOMAS R HERRERA

3662 AVALON PARK EAST BLVD #2062

ORLANDO, FL 32828

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:

Thomas R. Herrera  
Signature

THOMAS R HERRERA

Printed Name

**FILING FEE: \$25.00**

15 MAY - 7 AM 11:28  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FILED