

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383 - *ATTN: DEBAA*

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021

Phone : (904) 356-2600

Fax Number : (904) 355-0233

08 AUG 28 PM 2:59
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC DISS/WITH OR REV DISS

CLIQSET LLC

D. BRUCE

AUG 29 2008

EXAMINER

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

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ARTICLES OF DISSOLUTION*of***CLIQSET, LLC**

1. The name of the limited liability company is Cliqset, LLC (the "*Company*") and its document number is L08000074646.

2. The voluntary dissolution of the Company was authorized by written consent on August 28, 2008.

3. All debts, obligations, and liabilities of the Company have been paid or discharged.

4. All remaining property and assets have been distributed to its members.

5. There are no suits pending against the Company in any court.

CLIQSET, LLC,
a Florida limited liability company,

By: 
Darren Bounds, Manager

By: 
Charlie Cauthen, Manager

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AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

The undersigned, Darren Bounds and Charlie Cauthen, being first duly sworn, depose and say:

1. They are the managers of Cliqset, LLC (the "*Company*"), with full power and authority to execute the Articles of Dissolution of the Company and authorize the filing thereof with the Secretary of State of the State of Florida, and make the following covenants on behalf of the Company.

2. On behalf of the Company, the undersigned covenants that the Company will not revoke the Articles of Dissolution of the Company filed with the Florida Department of State.

3. On behalf of the Company, the undersigned hereby releases the name of Cliqset, LLC.

4. That the above statements are true to their knowledge, information and belief.

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TALLAHASSEE, FLORIDA

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Date: August 28, 2008


 Darren Bounds

 STATE OF FLORIDA
 COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 28 day of Aug, 2008, by Darren Bounds, individually, who is personally known to me or who has produced a driver's license as identification.



Bonnie Mechtel
 Commission # DD595231
 Expires October 14, 2010
Bonded Troy Pain Insurance, Inc. 800-385-7019

Name: Bonnie Mechtel
 NOTARY PUBLIC, State of Florida
 Commission Number: DD595231
 Commission Expires: 10/10/14

Date: August 28, 2008


 Charlie Cauthen

 STATE OF FLORIDA
 COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 28 day of Aug, 2008, by Charlie Cauthen, individually, who is personally known to me or who has produced a driver's license as identification.



Bonnie Mechtel
 Commission # DD595231
 Expires October 14, 2010
Bonded Troy Pain Insurance, Inc. 800-385-7019

Name: Bonnie Mechtel
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