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(Re	equestor's Name)	_					
(Ac	ddress)						
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(Ci	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
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COVER LETTER

TO:

Registration Section Division of Corporations

ST SOURCE SOLUTIONS 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:

Joseph J. Reyes	
(Name of Person)	
(Firm/Company)	
4377 Commercial Way #212	
(Address)	
Spring Hill, FL 34606	
(City/State and Zin Code)	

For further information concerning this matter, please call:

(Name of Person)

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 limite		• •			
2. The Articles of Orga	nizatio	on were filed on	<u>}</u>	_ and assigned	
document number L					
Note: If the date inse	rted in	the dissolution if not effect e date cannot be prior to or more this block does not meet the a ctive date on the Department	applicable statutory filing re	iocumem is received for	filing) will not be
4. A description of occ 605.0707, Florida Sta	urrenc	e that resulted in the limite (copy 605.0707 on back co	d liability company's dis	ssolution pursuant t	o section
Closed - Unable to sus			,		
5. If there are no memb		nter the name and address of Joseph J. Reyes	of the person appointed t	to wind up the comp	pany's
	•	4377 Commercial Way #2	212		
		Spring Hill, FL 34606		TALL ARE	2018 HAR
6. Signature of an authlisted above to wind up	orized the co	person or if there are no mmpany's activities and affa	embers, the signature of	the person appoint	- 10
proft 1	Ja.	•	Joseph J. Reyes	Q. T.	9
Sighartire		Printed Name			

FILING FEE: \$25.00