LC9000034737

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
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2015 MAY -7 AM IC 29
SEURETARY OF STATE
OF DE CHILD

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ONSEARCH INTERACTIVE 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:		
DAVID OLIVARES (Name of Person)		
(Firm/Company)		
1900 N. Bay shore Blvd #2218 (Address)		
Miami FL 33132 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
David Olivares at (305) 213-135) (Name of Person) (Area Code & Daytime Telephone Number)		
(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

FILED 2015 MAY -7 AM 10: 29

1.	The name of a limited liability company is SECRETARY OF STATE TAILLAHASSEE, FLORIDA
	Onsearch Interactive Solutions Lite
2.	The Articles of Organization were filed on 03 26 2009 and assigned
	document number <u>L090000 29737</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 04-30-2015 (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 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).
	No longer in business
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: David Olivares
	1900 N. Bay shore Dr +2218
	Migmi FL 33132
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:
Q	DAVIO OLIVARES Signature DAVIO OLIVARES Printed Name
	Signature Printed Name

FILING FEE: \$25.00