# L090000995389

(Re	equestor's Name)				
. (Ad	ldress)				
(Ad	ddress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SECRITARY OF STATE

2014 JAN 21 PH 1: 5

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

Advise, 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:

Anita B. DeSonia	
(N	ame of Person)
Advise, LLC	
(F	irm/Company)
2682 Chapman D	rive
	(Address)
Panama City, FL	32405
(Cin/S	State and Zin Code)

(City/State and Zip Code)

For further information concerning this matter, please call:

Anita B. DeSonia

(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
2014 JAN 21 PM 1: 55
SECACIARY OF STATE
TALLAHASSEE FLOOPS

1.	The name of a limited liabil Advise, LLC	ity company is		SECNETAI TALLAHAS:	C UF STATE SFE FLORID,	
2.	The Articles of Organization document number L09000	n were filed on <u>1</u> 0095389	0/02/2009	and assigned	· · · · · · · · · · · · · · · · · · ·	
3.	The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013					
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the copy 605.0707 on	ne limited liability compar a back cover letter).	y's dissolution pursuant to	section	
	Both parties agree to dissolve company.					
5.	If there are no members, ent	er the name and a		nted to wind up the compa	.ny's	
	Cynthia Wilhelm				<u> </u>	
6. ab	'Signature of an authorized pove to wind up the company'	erson or if there a 's activities and af	are no members, the signat	ure of the person appointed	d and listed	
	Signature	<b>_</b>	p	rinted Name		
	(Mister & Ne	Sua	Anita B. DeS	onia		

FILING FEE: \$25.00