L0900091212

(Re	equestor's Name)	
(ive	squestor's rvarrie)	
/40	ldress)	
(~0	idiesa)	
	ldress)	
(^0	101633)	
100	101-1-17:-10110	
(CII	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
•	J. HORNE APR 27 2024	
	7.7104	
	APR 21 ZOZ	

Office Use Only



200427723822

04/16/24--01017--010 **25.00

FILEU 2024 APR 16 PH 12: 19

COVER LETTER

TO: Registration So Division of Co			•			
SUBJECT: Amino Soluttions, LLC (Name of Limited Liability Company)						
	f Dissolution and fee(s) are submitted to concerning this matter to					
David	E. Barnes					
Davie	(Name of Person)					
Amino Solutions. LLC						
	(Fin	n/Company)				
225 M	225 Manatee Road					
	(Address)				
Winter Haven, FL 33884 (City/State and Zip Code)						
For further information	concerning this matter, please call:					
David E. Barr	es	at (<u>863</u>	651-7133			
	(Name of Person)	(Area Code	& Daytime Telephone Number)			
Enclosed is a check for the	e following amount:					
■ \$ 25.00 Filing F	\$25.00 Filing Fee and Certificate of Dissolution \$\Bigsim\\$ \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is of the control of the control of the copy).					
P.O. Box 63	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		•				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		FOR A LIMITED LIABILITY COMPANY	FILED		
١.	The name of a limited liabil	ity company is	FILED 2024 APR 16 PH 12: 19		
	Amino Solutions, LLC		2.19		
2.	The Articles of Organization	n were filed on $10/8/2009$	and assigned		
	document number L090000	97272			
3.	(effective Note: If the date inserted in t	he dissolution if not effective on the date of filing date cannot be prior to or more than 90 days later than dath is block does not meet the applicable statutory filing tive date on the Department of State's records.	te document is received for filing)		
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to sect 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	Owner of business, David E. E	Barnes, has retired and no longer working.			
5.	If there are no members, en	ter the name and address of the person appointe David E. Barnes	d to wind up the company's		
	activities and arrans.				
		225 Manatee Road			
		Winter Haven, FL 33884			
6. at	Signature of an authorized pove to wind up the company	person or if there are no members, the signature 's activities and affairs:	of the person appointed and listed		
/	γ_{CA}				
! !!	(X.12)	David E. Barnes			
_	Signature	Prin	ted Name		

FILING FEE: \$25.00