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Special Instructions to Filing Officer:			

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2020

MIA L. MCKOWN, ESQ. HOLLAND & KNIGHT LLP "PICK-UP"

SUBJECT: NCR LABOR SOLUTIONS, LLC

Ref. Number: L09000100032

Corrected 9,2020 March 9,2020

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

SINCE SECTION #5 OF THE DOCUMENT HAS BEEN COMPLETED, CARLOS RAMIREZ MUST BE THE PERSON SIGNING THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

Letter Number: 620A00001761

Address allahassee, FL 32301 (850)425-5686  City/State/Zip  Phone #  Office Use Only  RPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  VCR Loor Solutions (Uncument #)  (Corporation Name)  (Corporation N
Office Use Only  RPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  VCR Labor Solution's (Locument #)  (Corporation Name) (Document #)  (Corporation Name) (Document #)  (Corporation Name) (Document #)  Walk in Pick up time Photocopy Certificate of Status  EW FILINGS AMENDMENTS  Profit Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Other  Other THER FILINGS  Annual Report Freitious Name  Registration/QUALIFICATION  Reinstatement Trademark
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Other
Examiner's Initials 2E031(7/97)

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: NCR Labor Solutions, LLC (Name of Limited Liability Company)				
(Name of Emilie	ed Claumty Company)			
The enclosed Articles of Dissolution and fee(s) are submitted.  Please return all correspondence concerning this matter to	_			
Mia L. McKown, Esq.				
(Nan	ne of Person)			
Holland & Knight LLP				
(Firm/Company)				
315 S. Calhoun St., Suite 600				
(Address)				
Tallahassee, FL 32301				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Mia L. McKown	at ( 850) 425-5663			
(Name of Person)	at ( 850 ) 425-5663 (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:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liabili	ty company is	2070 MAD - 0
NCR Labor Solutions, LL	C	2020 MAR -9 P 3: 08
2. The Articles of Organization	were filed on October 16, 2009	and assigned
document numberL09000	0100032	
(effective of Note: If the date inserted in the	ne dissolution if not effective on the dat date cannot be prior to or more than 90 days late his block does not meet the applicable statu ive date on the Department of State's recon	er than date document is received for filing) story filing requirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limited liability concopy 605.0707 on back cover letter).	ipany's dissolution pursuant to section
The company does not ha	ve any assets and is no longer in ope	eration.
5. If there are no members, ente	er the name and address of the person a	appointed to wind up the company's
activities and affairs:	Carlos Ramirez, 23524 Belmont C	Circle, Salinas, CA 93908
6. Signature of an authorized pe above to wind up the company's	erson or if there are no members, the si s activities and affairs:	gnature of the person appointed and listed
To the second second		Carlos Ramirez
Signature		Printed Name

FILING FEE: \$25.00