

LO9000 120185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

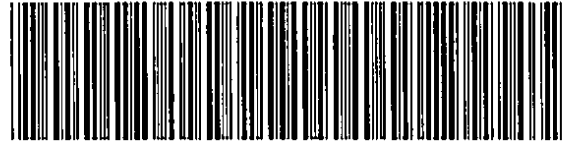
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400320746564

12/10/18--01025--002 \*\*25.00

FILED  
2018 DEC 10 P 7:51  
TALLAHASSEE, FLORIDA

D. SCOTT  
DEC 14 2018

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **Benefits Technologies Division 8 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:

**Dannielle Kinsey**

(Name of Person)

**Benefits Technologies LLC**

(Firm/Company)

**1200 E Taft Ave**

(Address)

**Stillwater, OK 74074**

(City/State and Zip Code)

FILED  
2011 DEC 10 P 7:51  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Dannielle Kinsey**

(Name of Person)

at ( **918** ) **293-2009**

(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**

1. The name of a limited liability company is

Benefits Technologies Division 8 LLC

2. The Articles of Organization were filed on 12/17/2009 and assigned

document number L09000120185

3. The delayed effective date the dissolution if not effective on the date of filing: 7/1/2018

(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 be 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 existence

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Dwight Pierce

1200 E Taft Ave

Sapulpa, OK 74066

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Dwight Pierce

Printed Name

**FILING FEE: \$25.00**

FILED  
DEC 10 10 51  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF STATE