

L100000 13173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

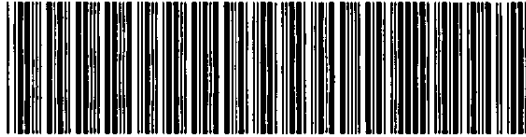
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400274611164

07/08/15--01019--001 **25.00

FILED
15 JUL -8 PM 4:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 09 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHLAND HOME & OFFICE SOLUTIONS
(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:

GWENDOLYN TURNER
(Name of Person)

SOUTHLAND HOME & OFFICE SOLUTIONS
(Firm/Company)

6864 GALLE COURT
(Address)

ORLANDO, FL. 32818
(City/State and Zip Code)

For further information concerning this matter, please call:

GWENDOLYN TURNER at (407) 234-0897
(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**

1. The name of a limited liability company is

Southland Home & Office Solutions, LLC

2. The Articles of Organization were filed on February 3, 2010 and assigned
document number L10000013173

3. The delayed effective date the dissolution if not effective on the date of filing: To be effective on
(effective date cannot be prior to or more than 90 days later than date document is received for filing) filing date

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).

Financial Hardship

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

GWENDOLYN TURNER
6864 GALLE COURT
ORLANDO, FL 32818

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:

Gwendolyn Turner
Signature

GWENDOLYN TURNER
Printed Name

FILING FEE: \$25.00

FILED
15 JUL -8 PM 4:04
CLERK OF STATE
TALLAHASSEE, FLORIDA