L10000015660

(Requestor's Name)		
(Address)		
(Ad	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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FILED
10 MAY -4 AM 8: 52
SECRETARY OF STATE
SECRETARY OF STATE



MAY = 5 2010

EXAMINER

NO \$

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Custom Office Solutions, 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:
Elizabeth Ramos (Name of Person) Custon Office Solutions, LLC 37 8
PO Box 621074 (Address)
Oviedo, 12 32762-1074 (City/State and Zip Code)
For further information concerning this matter, please call:
Elizabeth Ramos at (407) 923-9995 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee 30.00 Filing Fee &
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2010

ELIZABETH RAMOS CUSTOM OFFICE SOLUTIONS, LLC PO BOX 621074 OVIEDO, FL 32762-1074

SUBJECT: CUSTOM OFFICE SOLUTIONS, LLC

Ref. Number: L10000015660

We have received your document for CUSTOM OFFICE SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II Letter Number: 510A000096887 FIJE BE

Plase attached
see attached
See Lawrence

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Custom Office	Solutions, LLC
2. The Articles of Organization were filed on	10 10 and assigned document number
3. The date the dissolution was approved:	[13]10
4. A description of occurrence that resulted in the !imite 608.441, Florida Statutes, (copy 608.441 on back cov	ed liability company's dissolution pursuant to section ver letter).
No longer doing busines	
	PAR 2
	Fig. 3
5. CHECK ONE:	ORATION SE
-OR-	nited liability company have been paid or discharged.
 .	ebts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distributed rights and interests. 	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
Adequate provision has been made for the sa entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of the	membership interests necessary to approve the dissolution:
Signature	Printed Name
Gol alort Dame	Elizabeth Ramos
Chicagolin Fanin	
	Aveedur Loseli