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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registrat	ion Section of Corporations			
SUBJECT:	TOTAL SOUR	CE SERVICES (mited Liability Company)	Le	
The enclosed Artic	cles of Dissolution and fee(s) are sub-	mitted for filing.		
Please return all co	prrespondence concerning this matter	to the following:		
_	MARK	MIFICIC Name of Person)		
(Firm/Company)				
1006 BARKWOOD CIT				
(Address) SPFETY TIARBOR, FL 34695 (City/State and Zip Code)				
For further inform	ation concerning this matter, please c	all:		
MA	(Name of Person)	at (727) 77 (Area Code & Daytime	4. 2950 Telephone Number)	
Enclosed is a check	for the following amount:			
ρ \$25.00 Filing Fee	ρ \$30.00 Filing Fee & Certificate of Status	ρ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$60.00 Filing Fee, Certificate of Status & 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

SECRETARY OF STATE DIVISION OF COPPERATIONS

12 MAY -2 PM 1: 33

1. The name of a limited liability company is TOTAL SOURCE S	envices (LC			
2. The Articles of Organization were filed on 3/5/20	and assigned document number			
 3. The date the dissolution was approved: 4/30/0012 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). 				
 5. CHECK ONE: All debts, obligations and liabilities of the limited -OR-	obligations and liabilities pursuant to s. 608.4421. mong its members in accordance with their respective			
Signatures of the members having the same percentage of mem	bership interests necessary to approve the dissolution:			
Signature	Printed Name Mack Mircack			