M9811864

(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					



700266199197

11/12/14--01010--005 **25.00

NOV 1 8 2014 S. YOUNG



balijanık.com

201 E. Pine Street, Suite 925 Orlando, Florida 32801

t 407.455.5664 f 407.902.2105

November 4, 2014

Jon Marshall Oden joden@balljanik.com

Our File 13706-1

Secretary of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Re: Dissolution of SSOFL, LLC

Dear Sir or Madam:

The undersigned attorney and the above-referenced law firm represent SSOFL, LLC. Enclosed please find a properly prepared and executed Articles of Dissolution for this limited liability company. Also enclosed is a check made payable to your office in the amount of \$25.00 as the required filing fee of the articles. We are <u>not</u> requesting a certified copy of the Certificate of Dissolution. Please return same and thank you. Please do not hesitate to direct questions to the undersigned.

yery truly) y*g*jurs,

on Marshall Oden

JMO:lcr Enclosures

cc w/encls.: Bill Forness (via Email)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is SSOFL, LLC				
2.	The Articles of Organization	on were filed on 4/19/10		and assigned	
	document number L10000041864				
3.	. The delayed effective date the dissolution if not effective on the date of filing: 11/7/14 (effective date cannot be prior to or more than 90 days later than date document is received for filing)				
4.	A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited (copy 605.0707 on back co	d liability company's ver letter).	dissolution pursuant to section	
	No viable business.				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's				
activities and affairs: A. William Forness			Jr.		
		2221 Lee Road, Suite 15			
		Winter Park, FL 327	89		
					
6. lis	Signature of an authorized ted above to wind up the co	person or if there are no me mpany's activities and affa	embers, the signature irs:	of the person appointed and	
/					
1	CH-		Jon Marshall Ode	·	
	Signature		Print	ed Name	

FILING FEE: \$25.00