

#L10000056937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

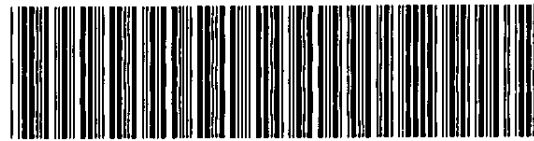
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/29/14--01018--021 **25.00

RECEIVED
DEPARTMENT OF STATE
OFFICE OF REGISTRATION
2014 MAY 29 PM 3:13
TO ADOPTED EDGE
SUFFICIENCY OF FILING

FILED
2014 MAY 29 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 30 2014

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WALK IN

PICK UP: 5-29-14

- ☐ CERTIFIED COPY _____
- ☒ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING Dissolution

1. Potens Holdings, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2014 MAY 29 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Potens Holdings, LLC

2. The Articles of Organization were filed on 5/26/2010 and assigned

document number L10000056937

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

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).

Company no longer has any holdings.

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

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

Claudio R. Ballard

Printed Name

FILING FEE: \$25.00