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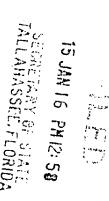
-	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT M	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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A. Shivers JAN 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Digitec GROWD 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:

Laura Miller			
(Name of Person)			
Digitec Group LLC (Firm/Company)			
(Firm/Company)			
1177 TURN bull GROVE Rd			
(Address)			
Oak Hill, F1 32759			
(City/State and Zip Code)			

For further information concerning this matter, please call:

Laura Miller at (866) 270-4916 (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		
Digitec GROW	p LLC	
<i>O</i> .	•	
2. The Articles of Organization were filed on	2/05/20/0 and assigned	
document number <u>L / 00000 8 /</u>	<u>84</u> 4	
3. The delayed effective date the dissolution if not e (effective date cannot be prior to or	effective on the date of filing: more than 90 days later than date document is received for filing)	
605.0707, Florida Statutes, (copy 605.0707 on ba	A	
There has been no	business or profits	
<i>1</i>	2014 untel present. The	
members agree to	no longer conduct	
	ohe Digite Loup LLC	
5. If there are no members, enter the name and addr	ress of the person appointed to wind up the certifiany	
activities and affairs:	ART JA	
	SS	
	जिल्ला का किस्ता कर के किस्ता कर किस्ता क जिल्ला कर किस्ता कर	
6. Signature of an authorized person or if there are listed above to wind up the company's activities and	no members, the signature of the person appointed and affairs:	
Lawa Miller	Laura Miller	
Signature	Printed Name	

FILING FEE: \$25.00