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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations		•	
SUBJECT: Home ATLASTFL "LLC" (Name of Limited Liability Company)	<u>,</u>		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
HEIDI GIUSTINIANI (Name of Person)			
(Name of Person)			
(Firm/Company)			
4130 TIDEVIEW DR (Address)	 -1	22	
4130 TIDEVIEW DR (Address) TACKSONVILLY F1. 32250 (City/State and Zip Code)	2000 2000 2000 2000 2000 2000 2000 200	2015 JAN 23	
(City/State and Zip Code)	18881 ABBI	23	CHANGE OF STREET
For further information concerning this matter, please call:	OF ST	PH 5:	
HEIDI GIUSTINIANI at 904 874-3702 (Name of Person) (Area Code & Daytime Telephone Number		5: 47	
Enclosed is a check for the following amount:	 ,		

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

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

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Home ATLASTEL "LLC"		
2. The Articles of Organization were filed on SEPT 24, 2010 and assigned		
document number <u>L 10000100245</u>		
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).	n	
NEUER USED THIS LLC		
5. If there are no members, enter the name and address of the person appointed to wind up the company's,	20	
activities and affairs:	2015 JAN	T
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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:	7	. 199
Signature HEIDI GIUSTINIANI Printed Name		
Signature HEIDI GIUSTINIANI Printed Name		

FILING FEE: \$25.00