L10000104784

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Doe	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SURJECT

Keestone Solutions, 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:

Katie Ersland
(Name of Person)
Keestone Solutions
(Firm/Company)
923 Hunters Creek Drive #303
(Address)
Deland, FL 32720

(City/State and Zip Code)

For further information concerning this matter, please call:

Katie Ersland

__386

547-1761

(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 liab Keestone Solutions		
2. The Articles of Organization document number L1000	on were filed on October 7, 2010 and assigned 20104784	
3. The delayed effective date	the dissolution if not effective on the date of filing:	
4. A description of occurrence 605.0707, Florida Statutes, The business has c	te that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).	
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Katie Ersland		
	923 Hunters Creek Drive #303	
	Deland, FL 32720	
6. Signature of an authorized above to wind up the company	person or if there are no members, the signature of the person appointed and listed 's activities and affairs:	
Signature	Printed Name Katile Etsland	

FILING FEE: \$25.00

FILED
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SECRETARY OF STATE