

L10000125058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

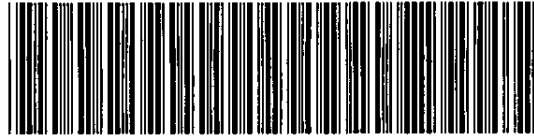
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
JAN 21 PM 1:56
TALLAHASSEE, FLORIDA

FILED
2014 JAN 21 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 24 2013
C. HAMPTON

608



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 855667 7807722

AUTHORIZATION :

A handwritten signature in dark ink, appearing to read "L. J. [unclear]", written over the authorization line.

COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2013

ORDER TIME : 12:27 PM

ORDER NO. : 855667-011

CUSTOMER NO: 7807722

DOMESTIC FILINGS

NAME: THE OSPREY SOLUTIONS GROUP,
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

855607



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2014

CSC
SUSIE KNIGHT

RESUBMIT

Please give original
submission date as file date.

SUBJECT: THE OSPREY SOLUTIONS GROUP, LLC
Ref. Number: L10000125058

We have received your document for THE OSPREY SOLUTIONS GROUP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 114A00001419

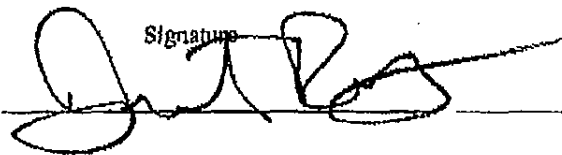
TO: CLERK OF COURT
SUFFOLK COUNTY, VIRGINIA
2014 JAN 23 AM 10:54
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
THE OSPREY SOLUTIONS GROUP, LLC
2. The Articles of Organization were filed on 12/6/10 and assigned
document number L10000125058
3. The delayed effective date the dissolution if not effective on the date of 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).
No longer trading

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 

Printed Name

DAVID REES, MEMBER

FILING FEE: \$25.00

FILED
2014 JAN 27 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA