

L10000126295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

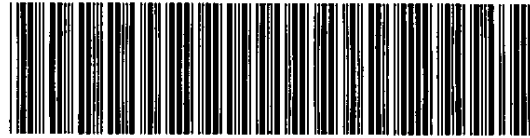
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_ ✓

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04/13/15--01017--009 \*\*25.00

FILED  
15 APR 13 PM 12:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

APR 27 2015

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Integrated Program Services, 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:

Paul Machado

(Name of Person)

Integrated Program Services, LLC

(Firm/Company)

7994 Lancelot Drive

(Address)

Pensacola, Florida 32514

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Machado

(Name of Person)

850

206-9148

at (

) (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



April 4<sup>th</sup>, 2015

Florida Dept of State

RE: Dissolve Integrated Program Services, a Florida LLC.

A handwritten signature in black ink, appearing to read "Paul Machado", followed by a long horizontal line.

Paul Machado,

Integrated Program Services  
7994 Lancelot Drive  
Pensacola, Fla 32514

(850) 206-9148

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
15 APR 13 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Integrated Program Services, LLC
2. The Articles of Organization were filed on 12/8/2010 and assigned  
document number L10000126295
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).  
No more business opportunities for this company.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Paul Machado  
7994 Lancelot Drive  
Pensacola, Fl 32514  
\_\_\_\_\_
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

Paul Machado  
\_\_\_\_\_  
Printed Name

FILING FEE: \$25.00