L11000004869

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



400258278214

04/01/14--01019--010

APR - 3 2014

T CLINE



55.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sympth 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:
(Name of Person)
Symoth, CLC Firm/Company)
/ (Firm/Company)
28 5 Merrack Rd (SA)
(Address)
Symoth (Firm/Company) ARE A SECRETARY (Firm/Company) (Address) (Address) ARE A SECRETARY (Address) (City/State and Zip Code)
(Chy/state and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (S17) 437-1753 (Name of Person) (Area Code & Daytime Telephone Number)
(Mea 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 &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR -A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is
	SYMOTA LLC
2.	The Articles of Organization were filed on //2/2011 and assigned document number 2 11 00000 4869
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).
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Rell
	Adllis NH 03049 57 5
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Signature Printed Name
<	Dan Beel Jan Bell

FILING FEE: \$25.00