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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DEFENSIVE SHOOTING 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:
(Name of Person)
DEFENSIVE SHOOTING SOLUTIONS, LLC (Firm Company)
105 Hughes ST NE (Address)
FORT WATON BEACH FL 32548 (City/State and Zip Code)
For further information concerning this matter, please call:
LEE M HICKS at (850) 218-6927 (Name of Person) (Area Code & Daytime Telephone Number)
\$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	vility company is
DEFENSIVE S	100TING Solutions, LLC
2. The Articles of Organizati	on were filed on 7 MARCH 2011 and assigned
document numberL 11	000018736
. The delayed effective date (effective	e the dissolution if not effective on the date of filing: 15 Apr. 2015 we date cannot be prior to or more than 90 days later than date document is received for filing)
A description of occurrence 605.0707, Florida Statutes,	ce that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).
DECLINE IN C	USTOMER BASE FOR SERVICES HAS RESULTED
IN REDUCED	REVENUE
i. If there are no members, e	nter the name and address of the person appointed to wind up the company's
activities and affairs:	LEE MICHAEL HICKS
	105 HugHES ST NE
	FORT WALTON BEACH, FL 32548
	Seg 35
Signature of an authorized isted above to wind up the co	person or if there are no members, the signature of the person appointed and ompany's activities and affairs:
1 1	
Juff H	LEE MICHAEL HICKS ST. S.
/ signature/	Trined Paine
,	FILING FEE: \$25.00