L11000064024

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doe	cument Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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C. LEWIS NOV 15 2012 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2012

EUGENE MULHERN / CREATIVE SUPPORT SOLUTIONS LLC 821 PICKFORD CT. DELTONA, FL 32725

SUBJECT: CREATIVE SUPPORT SOLUTIONS LLC

Ref. Number: L11000064024

We have received your document for CREATIVE SUPPORT SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return the corrected original and one copy of 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.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 712A00024253

COVER LETTER

Division of Corporations
SUBJECT: Creative Support 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:
Eugene Mulhern
(Name of Person)
Creative Support Solutions LLC
(Firm/Company)
821 Pickford Ct
(Address)
Deltona, FL. 32725
(City/State and Zip Code)
For further information concerning this matter, please call:
Eugene Mulhern at (386) 202-4256
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

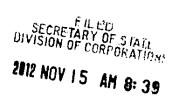
MAILING ADDRESS:

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



2. The Articles of Organization were filed on June L11000064024	e 1, 2011 and assigned document number		
3. The date the dissolution was approved:	-9/24/2012		
 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). Adverse financial conditions prompted dissolution of this company, effective f 			
This decision was made by me, Euge		9/24/201	
sole member of this company.		-	
		-	
5. CHECK ONE:			
-OR-	he limited liability company have been paid or discharged.		
	he debts, obligations and liabilities pursuant to s. 608.4421.		
All remaining property and assets have been distrights and interests.	ributed among its members in accordance with their respective		
7. CHECK ONE:			
There are no suits pending against the co	ompany in any court.		
Adequate provision has been made for the entered against it in any pending suit.	he satisfaction of any judgment, order or decree which may be		
Signatures of the members having the same percentage	e of membership interests necessary to approve the dissolution:		
Signature	Printed Name		
X Erigen Muller	* Eugene Mulhern	_	
		-	
		-	

FILING FEE: \$25.00