#1/1000077953

(Re	questor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section	
Division of Corporations	
Voluntary	
SUBJECT: UISSOIVING C	ompany-Stepping Up Your Life
DOCUMENT NUMBER:LIO	00077953
The enclosed Notice of Limited Liability Co	ompany Dissolution and fee are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Sus an Co	Stepp
(Name of Co	ontact Person)
Stepping Up Y	our Life Skills, LLC Company)
~ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Oak Lane
	ress)
Jacksonville	e, FL 32256
	and Zip Code)
For further information concerning this matte	r, please call:
Sue Stepp	at (904) 502-965 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	:
\$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2014 APR 25 PM 4: 35 1. The name of a limited liability company is 2. The Articles of Organization were filed on and assigned document number 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: 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:

FILING FEE: \$25.00