LIL 0001 75544

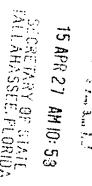
(R	equestor's Name)	<u> </u>
(A	ddress)	
(Address)		
(0	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		





000272137190

04/27/15--01006--023 **25.00



COVER LETTER

Division of Corporations
SUBJECT: Total Web App 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:
Joseph Mazel (Name of Person)
Total Web App Solutions, LLC (Firm/Company)
197 Crossroad Lakes Dr. (Address)
Ponte Vedra Beach, FL 32082 (City/State and Zip Code)
For further information concerning this matter, please call:
Toseph Mazel at (856) 9/2-7544 (Name of Person) (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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability of	company is
Tota	I Web App Solutions, LCC.
	ere filed on $\frac{12/2/20//}{}$ and assigned
document number	11000135944
3. The delayed effective date the defective date	dissolution if not effective on the date of filing: cannot be prior to or more than 90 days later than date document is received for filing)
605.0707, Florida Statutes, (cop	t resulted in the limited liability company's dissolution pursuant to section y 605.0707 on back cover letter).
compan	y no longer active, no sales,
no de	bts or obligations
5. If there are no members, enter the	he name and address of the person appointed to wind up the company's
activities and affairs:	Joseph Mazel 50 5
_	197 Crossroad Lakes Dr
	Ponte Vedra Beach, FL 32482
	10:55 10:55 10:55
6. Signature of an authorized persolisted above to wind up the compar	on or if there are no members, the signature of the person appointed and ny's activities and affairs:
and the	Joseph Mazel Printed Name
Signature	Printed Name

FILING FEE: \$25.00