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(Re	equestor's Name)					
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

AMERICAN SOLUTIONS USALC (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: AVIAD ROTEM (Name of Person) (Firm/Company) 20533 BISCAYNE BLVD STE 305	
(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: AVIAD ROTEM (Name of Person) (Firm/Company)	
Please return all correspondence concerning this matter to the following: AVIAD ROTEM (Name of Person) (Firm/Company)	-
Please return all correspondence concerning this matter to the following: AVIAD ROTEM (Name of Person) (Firm/Company)	
AVIAD ROTEM (Name of Person) (Firm/Company)	
(Name of Person) (Firm/Company)	
(Firm/Company)	
20533 RISCAYNE BLVD STE 305	
(Address)	
AVENTURA, FL 33180	3
(City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
[12] [13] [13] [13] [13] [13] [13] [13] [13	
	_
(Name of Person) (Area Code & Daytime Telephone Number)	သ လ
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: STREET/COURIER ADDRESS: Registration Section Registration Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi	• •	_				
2.	The Articles of Organization	on were filed on 12/06/2	2011	and assigned			
	document number L11000		_				
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing)						
 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, en activities and affairs:	ter the name and address	of the person appointed	to wind up the company's			
		AVIAD RETEM		2014 H			
		20533 BISCAYNE	BLVD STE 305	AR 19	ENTERE		
		AVENTURA, FL 33	3180	PK PK			
6. lis	Signature of an authorized sted above to wind up the co	person or if there are no impany's activities and af	members, the signature of	of the person appointed and			
	/ ASI						
~	Signature		AVIAD ROTEM Printe	d Name			

FILING FEE: \$25.00