

L 11000142853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 SEP 23 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 30 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Netgate 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:

Michael McLaren
(Name of Person)

(Firm/Company)

4353 Ashfield Dr.
(Address)

Jacksonville, FL 32224
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael McLaren
(Name of Person)

at (904) 238-8411
(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

FILED
2014 SEP 23 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Netgate Solutions, LLC

2. The Articles of Organization were filed on 12/21/2011 and assigned

document number L11000142853

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)

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).

No longer doing business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Michael McLaren

4353 Ashfield Dr.

Jacksonville, FL 32224

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:


Signature

Michael J. McLaren
Printed Name

FILING FEE: \$25.00