L1200041529

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: J. HORNE MAY 23 2024





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2024 HAY -6 FH 3: 3:



Articles of Dissolution For A Limited Liability Company

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Name of Limited Liability Company TRINITY DOCUMENT SOLUTIONS LLC

The Articles of Organization were filed on 03/26/2012 and assigned document number L12000041529.

Certified Copy Desired

Νo

Certificate of Status Desired Yes

Correspondence E-mail Address

E-mail address to whom correspondence should be e-mailed

E-mail Address TRACIEKEETER@GMAIL.COM

A description of occurrence that resulted in the limited liability company's dissolution.

LACK OF BUSINESS IN INDUSTRY.

Mailing Address

Name

TRACIE KEETER

Address

3152 LITTLE ROAD, #193

City, State

TRINITY, FL

Zip Code & Country 34655

Signature of an authorized person, or, if there are no members, the signature of the person appointed and listed above to windup the company's activities and affairs:

Signature TRACIE KEETER

Continue

Registration Section Division of COPP. PO Box 6327 Tallarassee, FL 32314

COVER LETTER

	D: Registration Section Division of Corporations						
SUBJECT: TRINITY DOCUMENT GOLUTIONS							
	(Name of Limited	Liability Company)					
The enclosed	Articles of Dissolution and fee(s) are submitted	for filing.					
Please return a	all correspondence concerning this matter to the	e following:					
Traciexeeter							
(Name of Person)							
Trinity Document Solutions (Firm/Company)							
1152 Little Rd. #193 (Address)							
Trinity R 34655 (City/State and Zin Code)							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
	Tracie Keeter	at (121) 231-7038 (Area Code & Daytime Telephone Number)					
	(isame of reison)	(Area Code & Daytine Telephone Number)					
	eck for the following amount:						
\$25.0	0 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
	ng Address:	Street Address: Registration Section					
Registration Section Division of Corporations		Division of Corporations					
P.O.	Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 7021...

			2024 MA)	-δ n
I. The name of a limited liab		ity Document	-bolution	ρ PM 3: 39
2. The Articles of Organization				assigned
document number	L120000411	529		
3. The delayed effective date (effective Mote: If the date inserted in listed as the document's effective date.	this block does not	meet the applicable stat	utory thing require	a 51124 ont is received for filing) ments, this date will not be
4. A description of occurrence 605.0707, Florida Statutes.				on pursuant to section
Lack & Steady	<u>decline</u> o	F business		
5. If there are no members, e	nter the name and	address of the person	appointed to win-	d up the company's
activities and affairs:	_Traci	e Keeter		
	_3152	Little Rd	<u> 493</u>	
	Thir	little Rd	34655	
6. Signature of an authorized above to wind up the compan	person or if there y's activities and a	are no members, the saffairs:	signature of the po	erson appointed and fisted
Anist		П	macie K.	peter
Signature			Printed Nam	e ·

FILING FEE: \$25.00