

U2000054348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

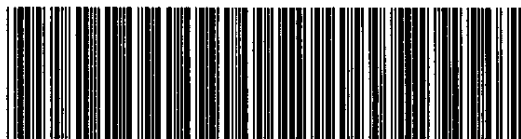
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 13 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Office Soutlions, 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:

Jason S Weiss

(Name of Person)

Weiss Law Group, P.A.

(Firm/Company)

5531 N. University Drive, Suite 103

(Address)

Coral Springs, FL 33067

(City/State and Zip Code)

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TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

Jason S Weiss

(Name of Person)

954

573 2800

at

(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 company is
Pro Office Solutions, LLC
2. The Articles of Organization were filed on 04/23/2012 and assigned
document number L12000054248
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).
Limited Liability Company stopped doing business per the consent of all of the
Members.

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

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CLERK OF STATE
TALLAHASSEE FLORIDA

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

Jason S Weiss

Printed Name

FILING FEE: \$25.00