## 112000018296

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| (Requestor's Name)      |                    |             |  |  |
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| PICK-UP                 | WAIT               | MAIL        |  |  |
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| Certified Copies        | _ Certificates     | s of Status |  |  |
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| Special Instructions to | Filing Officer:    |             |  |  |
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THE JUN 22 ANTI: SECRETARY OF STATE

ALLANASSEE, FLORIC

6/27/1695



April 7, 2016

**KEITH COKEN** 

3015 MANATEE AVE RUSKIN, FL 33570

SUBJECT: MYCO SOLUTIONS, LLC

Ref. Number: L12000078296

We have received your document for MYCO SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add address on #5 of Articles of Dissolution For A Limited Liability Company application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 416A00007105

SECRETARY OF STATE
TALL AHASSEE FLORIDA

## **COVER LETTER**

| TO:     |             | ration Section<br>on of Corporations  |   |   |
|---------|-------------|---|---|---|
| SUBJI   | ECT: _      | (Name of Limited  | Liability Company)  |   |
| The en  | sclosed A   | rticles of Dissolution and fee(s) are submitted   | I for filing.   |   |
| Please  | return all  | l correspondence concerning this matter to the  | e following:  |   |
|         |             | Keit<br>(Name   | h CoKer<br>of Person)   |   |
|         |             | , in the second | *   |   |
|         |             | (Firm/  | Company)  |   |
|         |             | 3015 Man  | atec Ave SEETAN OF HIMSELF AND  |   |
|         |             |   | idress)   | 1 |
|         |             | Ruskin FL (City/State   | 33570 E 57 A 57   | Ĭ |
|         |             | (City/State   | and Zip Code)   |   |
| For fu  | rther info  | rmation concerning this matter, please call:  |   |   |
|         |             | Keith CoKer   | at ( 941 ) 737-7478 (Area Code & Daytime Telephone Number)  |   |
|         |             | (Name of Person)  | (Area Code & Daytime Telephone Number)  |   |
| Enclose | ed is a che | ck for the following amount:  |   |   |
| ļ       | \$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 Tellohossee, El. 32314   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle |   |
|         |             | Tallahassee, FL 32314   | 2001 Executive Center Circle  |   |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liabi                               | lity company is   |                                 |
|--|---|---------------------------------|
|  | Myco Solutions, LLC   | ·                               |
| 2. The Articles of Organization                              | on were filed on and  | l assigned                      |
| document number  | 12000078296   |                                 |
| Note: If the date inserted in                                | the dissolution if not effective on the date of filing: edate cannot be prior to or more than 90 days later than date documenthis block does not meet the applicable statutory filing requirective date on the Department of State's records. | ements, this date will not be   |
| 605.0707, Florida Statutes,                                  | e that resulted in the limited liability company's dissolu (copy 605.0707 on back cover letter).  |                                 |
| FRILED BI  | hsiness   |                                 |
|  | **************************************  | <b>38 38 38</b>                 |
|  |   |                                 |
|  |   | LEC<br>22 A<br>RY OF<br>SSEE, I |
| 5. If there are no members, en                               | ter the name and address of the person appointed to wi  | nd up the company               |
| activities and affairs:                                      | Keith CoKer   | 57<br>IIDA                      |
|  | 3015 Manatee Ave  |                                 |
|  | 3015 Manatee Ave<br>Ruskin, FL 33570  |                                 |
| 6. Signature of an authorized listed above to wind up the co | person or if there are no members, the signature of the mpany's activities and affairs:   | person appointed and            |
| 40   | Keith Co  | Ke-                             |
| Signature  | Printed Nan   | ne -                            |

FILING FEE: \$25.00