

L12 000093635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

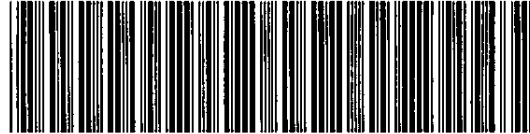
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR -9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART INVESTMENT SOLUTION 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:

DAVID CIRIGLIANO
(Name of Person)

SMART INVESTMENT SOLUTION LLC.
(Firm/Company)

4685 NW 9th AVE
(Address)

Pompano Beach, FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID CIRIGLIANO at (954) 336-5686
(Name of Person) (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

SMART INVESTMENT Solution LLC

2. The Articles of Organization were filed on July 19, 2012 and assigned

document number L12000093635

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 BUSSINESS

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

DAVID CIRIGLIANO

4685 NW 9th Ave

Pompano Bch, Fl 33064

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

DAVID CIRIGLIANO
Printed Name

FILING FEE: \$25.00

FILED
15 APR -9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FL 32304