

L12 000097635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

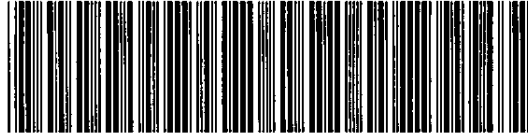
(Business Entity Name)

(Document Number)

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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:

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TALLAHASSEE FLORIDA  
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Signature

DAVID CIRIGLIANO  
Printed Name

FILING FEE: \$25.00