

U200133613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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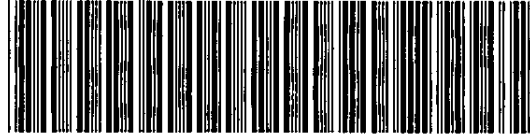
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC - 4 2014

CLINE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Solily, 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:

LISA ALBAN  
(Name of Person)  
FORMERLY OF SOLILY, LLC  
(Firm/Company)  
5813 24th Ave S.  
(Address)  
Gulfport, FL 33707  
(City/State and Zip Code)

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For further information concerning this matter, please call:

LISA ALBAN at (727) 204-7062  
(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

Solity, LLC

2. The Articles of Organization were filed on 10/18/2012 and assigned

document number L12000133613

3. The delayed effective date the dissolution if not effective on the date of filing: 12/1/2014  
(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).

Relocation of member to another State  
lack of profits

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

HOLLEY A. SINN  
Printed Name

**FILING FEE: \$25.00**

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