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15 JAN -2 AM 8:58 SEGRETARY OF STATE TALLAHASSEE, FLORID COVER LETTER

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TO:	Registration Section
	Division of Corporations

Division of Corporations
SUBJECT: Hirschbach U.C. (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:
Nancy E. Hirschbach (Name of Person) Hirschbach UC (Firm/Company)
265 Rilyn Drive (Address)
West Palm Beach, FL 33405 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (310) 739.5120 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

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

555.00 Filing Fee, Certificate of Dissolution &

Certified Copy (additional copy is enclosed)

AKTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Hirschbach LLC	· · · · · · · · · · · · · · · · · · ·
2. The Articles of Organization were filed on November 15, 2012 8 am and assigne	d
document number <u>L12000144380</u>	
3. The delayed effective date the dissolution if not effective on the date of filing:	sived for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pur 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	suant to section
Plan was to dissolve company by end of 2014.	
Formed LLC was only to service clients during	<u>sa</u>
transition and I have transitioned into full	-time
employment in a different industry.	
5. If there are no members, enter the name and address of the person appointed to wind up the activities and affairs: There is no need for ony one to v	, A
up or wind down the company.	All deals
are closed and no need for anyth	ning to
be done.	ECRI
6. Signature of an authorized person or if there are no members, the signature of the person a listed above to wind up the company's activities and affairs:	ppointed and
Manay E Hischt	OF STA
Signature Printed Name	DANGE ICE

FILING FEE: \$25.00