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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/03/1901014
(Document Number)	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ASAP Computer Services 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:		
Locy Mills (Name of Person)		
A SAP Computer Services, LLC (Firm/Company)		
411 NE 25th Avenue		
Ocala FL 34470 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Rick Mills at (352) 817-0879 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$\mathbb{Z}\\$25.00 \text{ Filing Fee and Certificate of Dissolution}\$ \$\mathbb{C}\\$55.00 \text{ Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)}\$		
Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

The second second

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	
HOMP Compater Sai	······································
2. The Articles of Organization were filed on	and assigned
document number	
3. The delayed effective date the dissolution if not experience (effective date cannot be prior to or Note: If the date inserted in this block does not meet listed as the document's effective date on the Department.	effective on the date of filing: 2-3/-9 more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will not ment of State's records.
605.0707, Florida Statutes, (copy 605.0707 on back	mited liability company's dissolution pursuant to section ask cover letter).
	ند.
	•
5. If there are no members, enter the name and addr activities and affairs:	ess of the person appointed to wind up the company's
6. Signature of an authorized person or if there are a listed above to wind up the company's activities and	no members, the signature of the person appointed and affairs:
Signature	Lucy Miller Printed Name
Signature	Printed Name

FILING FEE: \$25.00