

42000159444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

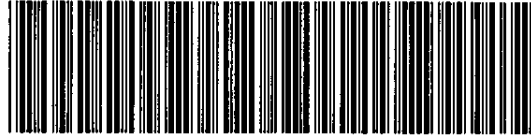
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271437242

04/20/15--01035--007 **25.00

FILED
2015 APR 20 PM 2:05
CLERK OF STATE
TALLAHASSEE FL 90001

APR 28 2015
CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Plan Solutions, 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:

Karen L Horta

(Name of Person)

PlansolutionsLLC

(Firm/Company)

12150 SW 128 CT SK 115

(Address)

Miami FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen L Horta

(Name of Person)

at

(786) 260 9238

(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

FILED
2015 APR 20 PM 2:05
TALLAHASSEE
FLORIDA
STATE

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is Plan Solutions LLC
2. The Articles of Organization were filed on 12/02/2013 and assigned
document number L 12000159664
3. The delayed effective date the dissolution if not effective on the date of filing: n/A
(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).
the BUSINESS IS closed
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Karen L Horta
12150 SW 128th St 115
Miami FL 33186
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:

Karen Horta
Signature

Karen L Horta
Printed Name

FILING FEE: \$25.00

2015 APR 20 PM 2:05
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA