

L13000001784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Threat Vector 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:

Joseph M Amison

(Name of Person)

Threat Vector

(Firm/Company)

1986 Buckfield Drive

(Address)

Tallahassee, Florida 32317

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph M Amison

(Name of Person)

at **850 766-9392**

(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

SECRETARY OF STATE
TALLAHASSEE, FL
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Threat Vector, LLC

2. The Articles of Organization were filed on JAN. 4, 2013 and assigned
document number L13000001784

3. The delayed effective date the dissolution if not effective on the date of 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).

Business never did any business of any kind with customers or vendors and no
debts or credits were occurred of any kind. This was just a LLC name obtained
in case the business was realized. Which it was not at any time. Cancelling
this LLC as to not pay fees to continue the LLC name.

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

Joseph M Amison

1986 Buckfield Drive

Tallahassee, Fl. 32317

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

Printed Name

Joseph M. Amison

Joseph M Amison

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA