

LP3000003107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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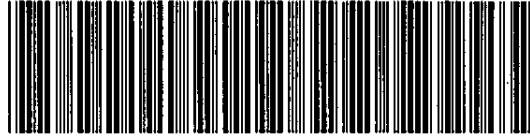
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 23 2015  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UR 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:

NEISHA CARTER ZAFFUTO

(Name of Person)

UR SOLUTIONS LLC

(Firm/Company)

4760 NORTH HIATUS ROAD

(Address)

SUNRISE, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

NEISHA CARTER ZAFFUTO

(Name of Person)

954

at (

746-8232

(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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

UR SOLUTIONS LLC

2. The Articles of Organization were filed on 01/07/2013 and assigned

document number L13000003107

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

No employees; closed operations

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

6. Signature of an authorized person or if there are no members, the signature of the person appointed as listed above to wind up the company's activities and affairs:

  
Signature

NEISHA CARTER ZAFFUTO  
Printed Name

**FILING FEE: \$25.00**

2019 JAN 12 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**