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(Re	questor's Name)	
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(Ad	dress)	
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PICK-UP	WAIT	MAIL
, (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

Dissolution of 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:

### Thomas E. Santarlas

(Name of Person)

(Firm/Company)

P.O. Box 3314

(Address)

Riverview, FL. 33568

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas E. Santarlas

.,813

662-1450

(Name of Person)

(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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is iSheriff, LLC			
2.	The Articles of Organization were filed on 01/11/2013 and assigned			
	document number L1300005640			
3	The delayed effective date the dissolution if not effective on the date of filing: January 1, 2014			
٥.	The delayed effective date the dissolution in not effective on the date of filling.			
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 company assets and liabilities have been sold. The LLC is no longer necessary.			
_				
Э.	If there are no members, enter the name and address of the person appointed to wind up the company is			
	activities and affairs:			
	7.2.5			
	State of the state			
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:			
	Signature Printed Name			
	romo E Sontallo Moe Thomas E. Santarlas Manager/Member			

**FILING FEE: \$25.00**