# 11300052008

(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

**IBJECT: Advance Student Growth, 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:

Cayce R. Balara

(Name of Person)

Advance Student Growth, LLC

(Firm/Company)

12620-3 Beach Boulevard, #182

(Address)

Jacksonville, FL 32246

(City/State and Zip Code)

For further information concerning this matter, please call:

Cayce R. Balara

..,904

638-4639

(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 con Advance Student Growth, LLC	npany is	
2. The Articles of Organization were	e filed on 04/09/2013	and assigned
document number L13000052008		
Note: If the date inserted in this blo	nnot de prior to or more than 90 days later	r than date document is received for filing) bry filing requirements, this date will not be
4. A description of occurrence that re 605.0707, Florida Statutes, (copy 6	esulted in the limited liability com 605.0707 on back cover letter).	pany's dissolution pursuant to section
Per Florida Statutes 605.0701 (2), the	occurrence that resulted in the limited	l liability company's dissolution w as:
5. If there are no members enter the	name and address of the name of	
<ol><li>If there are no members, enter the activities and affairs:</li></ol>	name and address of the person ap	oppointed to wind up the company's
activities and attains.		7 JAN
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	<del> </del>	
		OR: C
6. Signature of an authorized person listed above to wind up the company	or if there are no members, the signs activities and affairs:	S Con
	Cayce R. Balara	a
Signature		Printed Name

**FILING FEE: \$25.00**