

L13000092836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

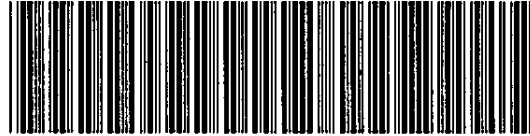
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/02/15--01047--015 **55.00

FILED

2015 MAR -2 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 1 - 2015

COVER LETTER

TO: Registration Section
Division of Corporations

EKARD SOLUTIONS, LLC

SUBJECT: _____
(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:

PHILIP C DRAKE

(Name of Person)

(Firm/Company)

3159 WILLOWCREEK ROAD, SUITE B

(Address)

PORTAGE, INDIANA 46368

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACY SULT

219

406-3951

_____ at (_____) _____

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2015

PHILIP C DRAKE
3159 WILLOWCREEK ROAD
SUITE B
PORTAGE, IN 46368

SUBJECT: EKARD SOLUTIONS LLC
Ref. Number: L13000092836

REC'D 3/13/15
15 MAR 31 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

We have received your document for EKARD SOLUTIONS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to the date document was received. That date was 03/02/15

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 615A00005192

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2015 MAR -2 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
EKARD SOLUTIONS, LLC

2. The Articles of Organization were filed on 06/27/2013 and assigned
document number L13000092836

3. The delayed effective date the dissolution if not effective on the date of filing: 03/02/2015
(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).
EKARD SOLUTIONS, LLC A FLORIDA LLC NO LONGER EXISTS.

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

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

PHILIP C. DRAKE

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: EKARD SOLUTIONS, LLC
Document number of Limited Liability Company is: L13000092836
Date of dissolution was: 03/02/15

Description of information that must be included in a written claim:

EKARD SOLUTIONS, LLC A FLORIDA LLC NO LONGER EXISTS.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3159 WILLOWCREEK ROAD, SUITE B
PORTAGE, INDIANA 46368

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PHILIP C. DRAKE

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00