L17000 107256

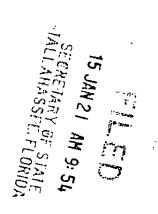
(F	Requestor's Name)			
(A	address)			
(A	address)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000268407100

01/21/15--01005--018 **25.00



COVER LETTER

TO:

TO: Registration Section Division of Corporations					
SUBJECT:	Inter-Service Solutions, LLC				
Sobsect.	(Name of Limited Liability Company)				
The enclosed	Articles of Dissolution and fee(s) are submitted	ted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Timothy Lavin				
	(Nan	ne of Person)			
	(Fin	n/Company)			
	211 Oak Ridge Rd				
	Plaistow, NH 03865	Address)			
		te and Zip Code)			
For further in	formation concerning this matter, please call:				
Tin	nothy Lavin	727 560-0385			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a c	heck for the following amount:				
✓ \$25.0	00 Filing Fee and Certificate of Dissolution	 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) 			
	MAILING ADDRESS:	STREET/COURIER ADDRESS:			
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			
	i ananassee, FL 32314	Tallahassee, FL 32301			

AKTICLES OF DISSULUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
	Inter-Service Solutions LLC			
2.	The Articles of Organization were filed on 07/29/2013 and assigned document number L13000107256	·		
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 fi	ling)		
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). Ceased to do business.				
·5.	If there are no members, enter the name and address of the person appointed to wind up the compa	ny's		
	activities and affairs:	S S S S S S S S S S S S S S S S S S S		
	SS 27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>		
6	Signature of an authorized person or if there are no members, the signature of the person appointed	ბ: გ: [and		
lis	sted above to wind up the company's activities and affairs:	- 1055116		
(Timothy E Lavin			
	Signature Printed Name			
	FILING FEE: \$25.00			