13000123851

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Ві | siness Entity Nar | ne) . |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations



April 20, 2016

PEDRO A. LOPEZ 3201 AZALEA CIRCLE LYNN HAVEN, FL 32444

SUBJECT: ADVANXED GROUP, LLC

Ref. Number: L13000123851

We have received your document for ADVANXED GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide address on #5 of application.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 616A00008113

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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Advanged broup, LLC (Name of Limited Liability Company) | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filling. | |
| Please return all correspondence concerning this matter to the following: | |
| Pedro A. Lopez (Name of Person) | |
| (Name of Person) | |
| | |
| (Firm/Company) | |
| 3201 Azalea Circle | |
| (Address) | |
| 2201 Azalea Circle (Address) Lynn Haven FL 32444 (City/State and Zin Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| | |
| (Name of Person) at (797 685-042) (Name of Person) (Area Code & Daytime Telephone Number) | |
| (Name of Person) (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee and 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
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is |
|------------|---|
| | Advanced broup LLC |
| 2. | The Articles of Organization were filed on August 30, 2013 and assigned |
| | document number <u>L 13000173851</u> |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: April 18,2016 (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 4. | A description of occurrence that resulted in the limited liability company's dissolution pursuant 505.0707, Florida Statutes, (copy 605.0707 on back cover letter). |
| _ | No able to become profitable. |
| | 26 26 SSEI |
| - | |
| - | 유도 후 |
| | ************************************** |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's |
| | activities and affairs: Pedro A. Lopez |
| | 3201 Azalea excle |
| | Lynn Haven FL 32444 |
| | |
| 6. list | Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs: |
| <u>/</u> | eto de la la rez |
| | Signature Printed Name |

FILING FEE: \$25.00