113000127519

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	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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12/31/15--01009--007 **355.00

HOT IN EACH OF FILING
THE ACKNOWLEDGE
OF FILING

15 DEC 31 AM 9: 53

2016 FEB -1 AM 9: 01

FEBO 2 2016 J. HARRIS

SUNSHINE CORPORATE FILING OF FLORIDA, INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

COVER LETTER DATE: 12-31-15 WALK IN ENTITY NAME: Security Services Lic (NAME AVAILABLE? CORRECT FORM) PLEASE FILE THE ATTACHED AND RETURN: PLAIN COPY CERTIFIED COPY CHECK # 278 AMOUNT: 5500

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY QUESTIONS OR CORRECTIONS!

THANK YOU!
TINA GOFF, PRESIDENT
SUNSHINE CORPORATE & FILING SERVICES, INC.

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: O Security Services, 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:

Marisa Roman

(Name of Person)

United Corporate Services, Inc.

(Firm/Company)

501 7th Avenue, Suite 408

(Address)

New York, NY 10018

(City/State and Zip Code)

For further information concerning this matter, please call:

Marisa Roman

212

683-4120

(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

January 6, 2016

SUNSHINE CORPORATE

SUBJECT: O SECURITY SERVICES, LLC

Ref. Number: L13000127519

We have received your document for O SECURITY SERVICES, LLC and your check(s) totaling \$355.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 816A00000239

Replement

16 FEB - I PH 3: 44

ROT HO COLOR

SUFFICIONO VICTOR



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2016

SUBJECT: O SECURITY SERVICES, LLC

Ref. Number: L13000127519

Revised see attached

We have received your document for O SECURITY SERVICES, LLC and your check(s) totaling \$355.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A00000039

16 JAN -5 AM 9: 58

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liab	pility company is
O Security Services, LLC	·
The Articles of Organizati	ion were filed on September 9, 2013 and assigned
document number L13000	127519
(effection of the date inserted in the date in t	the dissolution if not effective on the date of filing:
. A description of occurrence 605.0707, Florida Statutes	ce that resulted in the limited liability company's dissolution pursuant to section, (copy 605.0707 on back cover letter).
The company is no longer ac	tive and has decided to cease all operations and close the business down.
	
If there are no members, e	enter the name and address of the person appointed to wind up the company's
activities and affairs:	April McDaniel
	5750 SW 132nd Terr
	Pinecrest, FL 33156
Signature of an authorized	person or if there are no members, the signature of the person appointed and
sted above to wind up the co	d person or if there are no members, the signature of the person appointed and ompany's activities and affairs:
em Drich	April McDaniel
Signature	Printed Name
	FILING FEE: \$25.00
	On Fig. 1
	0.00
	<u> </u>