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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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03/06/14--01019--003 **25.00



MAR OF YOU

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Smart Solar 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:	
Laura Angelides (Name of Person)	
(Firm/Company)	
3990 Belle Vista DY	
St. Pete Beach, FL 33706 (City/State and Zip Code)	
For further information concerning this matter, please call: Laura Angelides at 727 394 8406	2014 MAR -6
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:	AM 11:54
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclosed)	ion &

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	Smart Solar LLC
2. The Articles of Organization document number 130	were filed on 91613 and assigned
3. The delayed effective date the	dissolution if not effective on the date of filing:
4. A description of occurrence the 605.0707, Florida Statutes, (co	nat resulted in the limited liability company's dissolution pursuant to section opy 605.0707 on back cover letter).
5. If there are no members, enter	the name and address of the person appointed to wind up the company's
activities and affairs:	Laura Angelides
6. Signature of an authorized per above to wind up the company's	rson or if there are no members, the signature of the person appointed and listed activities and affairs:
Signature Sell YUU	Printed Name Laura Angelides

FILING FEE: \$25.00