

L13000133884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR - 3 PM 1:42

C.L.
4-21-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 Points Exam Services
(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:

Frank Comparetti
(Name of Person)

4 Points Exam Services
(Firm/Company)

114 Rock Lake Rd
(Address)

Longwood, FL 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Comparetti at (407) 539-2552
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR -3 PM 1:43

1. The name of a limited liability company is

4 Points Exam Services, LLC

2. The Articles of Organization were filed on 9-20-13 and assigned

document number L13000133884

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 filing)

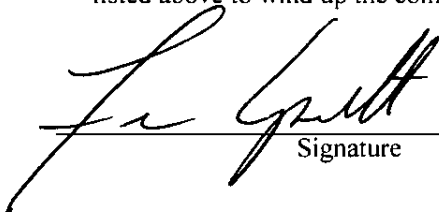
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Ceased to be an ongoing concern

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

Frank Comparetti
114 Rock Lake Rd
Longwood, FL 32750

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

Frank Comparetti
Printed Name

FILING FEE: \$25.00