

L13000135318

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HOLLAND & KNIGHT
Account Number : 072100000016
Phone : (813)227-8500
Fax Number : (813)229-0134

**LLC DISSOLUTION OR WITHDRAWAL
BIZDOX, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

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Corporate Filing Menu

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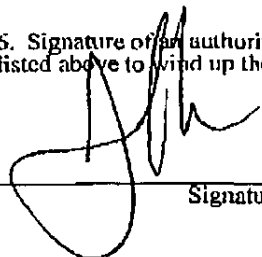
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
BIZDOX, LLC
2. The Articles of Organization were filed on 09/25/2013 and assigned
document number L13000135318
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).
The liquidation and dissolution was approved by a majority-in-interest of the members,
as required in the Operating Agreement.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: n/a
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

Josh Poe, Authorized Representative
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: BizDox, LLC

Document number of Limited Liability Company is: L13000135318

Date of dissolution was: 12/18/2015

Description of information that must be included in a written claim:

Name of claimants, date of claim, event giving rise to the claim, amount claimed, and name, address and telephone number of contact to whom the company should reply regarding the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Josh Poe

4110 George Road, Suite 200

Tampa Florida 33634

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Josh Poe, Authorized Representative

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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