

L13000,55866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

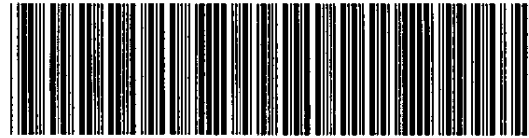
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synergy Squared 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:

Sandra Lynn Jones
(Name of Person)

Synergy Squared LLC President
(Firm/Company)

125 Vintage Lane
(Address)

Palatka, FL 32177
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Lynn Jones at (386-) 916-0647
(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**

1. The name of a limited liability company is

Synergy Squared LLC

2. The Articles of Organization were filed on 11/05/13 and assigned

document number L13000155866

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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 reason for forming this LLC was anticipated business from one particular entity. This business never materialized - no business was conducted thru this LLC.

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:

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14 DEC 15 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sandra Lynn Jones
Signature
President

Sandra Lynn Jones
Printed Name

FILING FEE: \$25.00