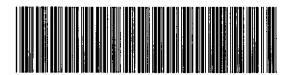
# 1300109552

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TEXT SAFETY PACKING LIGHT L.L.C.  (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:	
(Name of Person)	
(Name of Person)	
PERSONAL SAPETY ACKING LIGHT, LLC, (Firm/Company)	
420 LAKE POINTE SO. LAWE	
(Address)	
DEBLINED BEACH, FL 33442 3 3 4 4 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
(City/State and Zip Code)	
DEEL PIED BEACH, FL 33443  (City/State and Zip Code)  For further information concerning this matter, please call:  Tulie Brown  at (954) 675-59835 w	
(Name of Person) at (954) 675-59835 w (Area Code & Daytime Telephone Number 5	
(Name of Person) at (954) 675-59835 w  (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
PERSONAL SAFETY PACKING LIGHT
2. The Articles of Organization were filed on 12/9/2013 and assigned
document number
3. The delayed effective date the dissolution if not effective on the date of 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).
THIS BUSINESS OPPORTUNITY HAS PROVED TO BE
OUTSIDE THE SCOPE OF MY ABILITIES & EXPERTISE.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: JULIE E. BROWN
DEBRIED BOACH, FL 3344 JEE 2
DEBURIOD BLACH, FE 3344 25 2
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:
Migh BOWN JULIE E BROWN
Signature Printed Name
Signature Printed Name FILING FEE: \$25.00
Signature Printed Name