L13000172710

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
OCT 17 2022					

Office Use Only



200396063042

2022 DCT 14 AM 10: 50

2022 OCT 14 PH 2: 5

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE, 10/10/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1076072

ORDER ENTITY

AUTOAGENT DATA SOLUTIONS LLC

PLEASE PERFORM THE FOLLOWING SERVICES: AUTOAGENT DATA SOLUTIONS LLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, October 14, 2022 Page 1 of 1

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Autoagent Data Solutions LLC					
(Name of Limited Liability Company)						
The enclosed Ar	ticles of Dissolution and fee(s) are submi	tted for filing.				
	correspondence concerning this matter to	•				
rease return an	extrespondence extreeting this matter to	the following.				
	Cynthia Duntz					
	(Na	me of Person)				
	Holland & Knight LLP					
	(Firm/Company)					
	150 N. Riverside Płaza, Suite 2700 (Address)					
Chicago, Illinois 60606						
	(City/St	ate and Zip Code)				
For further infor	mation concerning this matter, please call	:				
Ya	nni Valsamas	at (773) 784-0709 ext. 207				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a chec	k for the following amount:					
		\$\sum_\$ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing	<u> Address:</u>	Street Address:				
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
				ranan	iassec, PT, 52514	Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2022 OCT 14 AM 10: 50

١.	The name of a limited liability Autoagent Data Solution			SECRETARY OF TALLAHASSEELT			
2.	The Articles of Organization	were filed on Decei	nber 16, 2013	and assigned			
	document numberL13000	1172710					
3.	The delayed effective date the dissolution if not effective on the date of filing: teffective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.						
4.	A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the lim opy 605.0707 on back	ited liability compan cover letter).	y's dissolution pursuant to section			
	The consent of all the memb	pers pursuant to sectio	n 605.0707 (2) F.S.				
•	If there are no members, enter	or the name and address	e of the person appo	nted to wind up the company's			
٠.	activities and affairs:		,	rele. Boca Raton, FI, 33431			
	activities and arrans.						
6. ab	Signature of an authorized peove to wind up the company's	erson or if there are no activities and affairs:	members, the signat	ure of the person appointed and liste			
	The hour	12					
	Cianatura	7-5	loannis Valsa	mas rinted Name			
	Signature		j.	rimed Name			

FILING FEE: \$25.00