

LD3 000 174200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

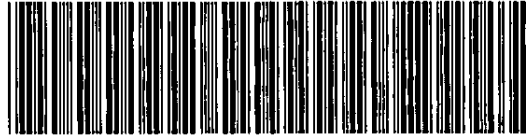
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500283058815

03/10/16--01013--007 \*\*25.00

MAR 11 2016  
J SHIVERS

FILED  
16 MAR 10 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Williams Strategic Source, 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:

Barbara Williams

(Name of Person)

Williams Strategic Source, LLC

(Firm/Company)

10033 Savannah Bluff LN

(Address)

Orlando, FL 32829

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Williams

(Name of Person)

at 443 616-7807

(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

Williams Strategic Source, LLC

2. The Articles of Organization were filed on December 18, 2013 and assigned

document number L13000174200

3. The delayed effective date the dissolution if not effective on the date of filing: March 14, 2016  
(effective 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 that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

No active business relationships

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

Barbara Williams

10033 Savannah Bluff Ln

Orlando, FL 32829

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

Barbara Williams

Printed Name

**FILING FEE: \$25.00**

FILED  
16 MAR 10 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA