

L 13 000 174 732

(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



100258412131

04/08/14--01020--006 \*\*25.00

FILED  
2014 APR -8 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 10 2014

T CLINE

MyCorporation\*

23586 Calabasas Rd. Suite 102  
Calabasas, CA 91302

Toll-Free 888-692-6778 | Fax: 818-879-8005  
Email: customerservice@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

April 2, 2014

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: AMP It LLC**

Ladies and Gentlemen:

Please find enclosed for filing dissolution documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation  
23586 Calabasas Rd. Suite 102  
Calabasas, CA 91302  
**ATTN: Post Formation Filings**

FILED  
2014 APR -8 PM 1:16  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **AMP IT 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:

**Post-Formation Filings**

(Name of Person)

**My Corporation Business Services, Inc.**

(Firm/Company)

**23586 Calabasas Rd., Suite 102**

(Address)

**Calabasas, CA 91302**

(City/State and Zip Code)

FILED  
2014 APR -8 PM 1:16  
TALLAHASSEE, FL  
SECRETARY OF STATE

For further information concerning this matter, please call:

**Post Formations**

(Name of Person)

at

**877 692-6772**

(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

AMP IT LLC

2. The Articles of Organization were filed on 12/18/2013 and assigned  
document number L13000174732

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).  
upon the written consent of all the members of the limited liability company.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Printed Name

Derrick N. Ashong, Member

**FILING FEE: \$25.00**

FILED  
2014 APR -8 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA