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(Business Entity Name)

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15 JAN 28 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers FEB 03 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brilliance Network, 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:

Kara Waters

(Name of Person)

Brilliance Network, LLC

(Firm/Company)

249 Parrish Pl

(Address)

Mount Juliet, TN 37122

(City/State and Zip Code)

For further information concerning this matter, please call:

Kara Waters

(Name of Person)

515

at (

971-4832

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 28 AM 8:56

11:50

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Brilliance Network, LLC

2. The Articles of Organization were filed on 1/27/14 and assigned

document number L14000017695

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

Sole members Dr. Benjamin Adkins and Carlos Silva voted on 12/3/14 to dissolve

Brilliance Network, 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:

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

Dr. Benjamin Adkins

Printed Name

**FILING FEE: \$25.00**

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RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA