

L140000 26325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2015 DEC 31 PM 3:23
ST. LOUIS, MO
FBI - ST. LOUIS

JAN 05 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Polaris Equity Group, 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:

David Lawson

(Name of Person)

(Firm/Company)

PO Box 941551

(Address)

Miami FL 33194

(City/State and Zip Code)

For further information concerning this matter, please call:

David Lawson

(Name of Person)

at 407 914-5726

(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

Polaris Equity Group, LLC

2. The Articles of Organization were filed on 02/14/2014 and assigned

document number L14000026325

3. The delayed effective date the dissolution if not effective on the date of filing: December 26, 2015
(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).

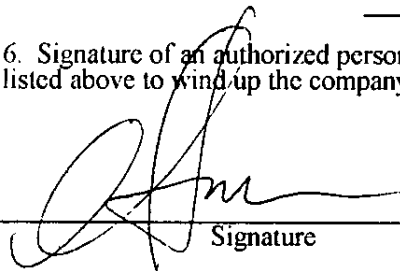
Lack of Business

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

David Lawson

PO Box 941551 Miami FL 33194

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

David Lawson

Printed Name

FILING FEE: \$25.00

2015 DEC 31 PM 3:23
SOUTH FLORIDA
TALLAHASSEE