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**L14000036803**

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.

Account Number : I20040000173

Phone : (407)298-4646

Fax Number : (407)297-0588

### LLC DISSOLUTION OR WITHDRAWAL SYNAPSE DESIGN, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

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FAX AUDIT # H150001793103

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Synapse Design, 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:

James K. Duerr, CPA

(Name of Person)

Small Business Resources USA, Inc.

(Firm/Company)

1601 Park Center Drive, Ste. 6A

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

James K. Duerr, CPA

(Name of Person)

at ( 407 ) 298-4646

(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

FAX AUDIT # H150001793103

FAX AUDIT # H 15000179310 3  
ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
Synapse Design, LLC
2. The Articles of Organization were filed on March 05, 2014 and assigned  
document number L14000036803
3. The delayed effective date the dissolution if not effective on the date of filing: Immediately  
(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).  
Pursuant to Florida Statutes 605.0701(1)-(3), the Limited Liability Company is being dissolved upon the  
written consent of all of its members.
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

Sarah L. Schatz, MGRM

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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