

L140000 40777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

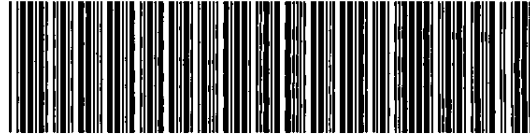
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/16/15--01008--016 **25.00

FILED
15 JAN 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3000000 JAN 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPLIANCE PRO SOLUTIONS, 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:

William K McLendon
(Name of Person)

COMPLIANCE PRO SOLUTIONS, LLC
(Firm/Company)

3894 EAGLES PL
(Address)

TITUSVILLE, FL 32796
(City/State and Zip Code)

For further information concerning this matter, please call:

William McLendon at (321) 268-0320
(Name of Person) (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

COMPLIANCE PRO SOLUTION, LLC

2. The Articles of Organization were filed on 3/11/2014 and assigned

document number L14 000040777

3. The delayed effective date the dissolution if not effective on the date of filing: DATE RECEIVED FOR FILING
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

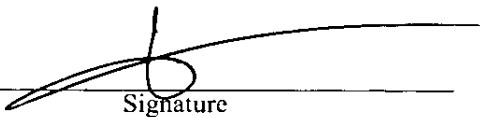
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

COMPANY NOT NEEDED, OWNERS DECIDE TO
DISBAND IN FLORIDA

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

William Kelly McHendon
3894 EAGLES PLACE
TITUSVILLE, FL 32796

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

William McHendon
Printed Name

FILING FEE: \$25.00

FILED
15 JAN 6 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA