L1400000H3116

(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:
<u> </u>

Office Use Only



900340893439

99/02/20 --91927--663 ••25,66

20 MAR -2 PH 5: 35

MAR 1 9 2520

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: FRANCHISE SELECTION SERVICES, LLC. (Name of Limited Liability Company)				
(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:				
Treate return an correspondence conserving the manner to the				
W:111-4-11 V. (Name of	MEAGHER (Person)			
FRANCHISE SELE	ompany) SERVICES LLC			
_12103 LOBLOII	V PINE AR.			
NEW PORT R	nd Zip Codes			
For further information concerning this matter, please call:				
Warme of Person)	al (727) 857-4936 (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:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327	The Centre of Tananassee			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is			
FRANCHISE SELECTION	SERVICES,	LLC.	
2. The Articles of Organization were filed on 3/14			
document number	16	. <i>1</i>	
3. The delayed effective date the dissolution if not effective (effective date cannot be prior to or more than Note: If the date inserted in this block does not meet the applicated as the document's effective date on the Department of	m 90 days later than date docum Hicable statutory filing requir	ent is received for filing) ements, this date will not be	
4. A description of occurrence that resulted in the limited I 605.0707, Florida Statutes, (copy 605.0707 on back cove	er letter).		
KATIRED HEOM	16.15 Bus.	<u> </u>	
ChOSED BUSINES	S		
		-2	-
			}
		PH 5	;
		<u> </u>	
5. If there are no members, enter the name and address of t	he person appointed to wil	id up the company s	
activities and affairs:			
- W			
6. Signature of an authorized person or if there are no men above to wind up the company's activities and affairs:	nbers, the signature of the p	person appointed and listed	
)	
Jalum h. Mage	William	V. MEAGHE	-R
Signature	Printed Nam	ne	

FILING FEE: \$25.00