

L14000059139

(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:

Office Use Only



100268697911

01/28/15--01016--016 **25.00

RECEIVED
DEPARTMENT OF TREASURY
DIVISION OF REVENUE
15 JAN 28 PM 2:23
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 JAN 28 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2015

S. YOUNG

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

ON-BOARD ANALYSIS, LLC

L14000059139

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<input checked="" type="checkbox"/> Dissolution	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

1/28/2015

ST

Order#:
9421203

Ref#: _____

Amount: \$ _____

FILED
15 JAN 28 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

ON-BOARD ANALYSIS, LLC

L14000059139

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<input checked="" type="checkbox"/> Dissolution	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

1/28/2015

ST

Order#:
9421203

Ref#: _____

Amount: \$ _____

FILED
15 JAN 28 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

On-Board Analysis, LLC

2. The Articles of Organization were filed on April 10, 2014 and assigned

document number L14000059139

3. The delayed effective date the dissolution if not effective on the date of filing: Upon 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).

The limited liability company's dissolution was approved by Written Consent of the Sole Member and Sole

Manager on January 28, 2015.

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

Spectro Scientific, Inc.

One Executive Drive, Suite 101

Chelmsford, MA 01824

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

Brian J. Mitchell

Printed Name

FILING FEE: \$25.00

FILED
15 JAN 28 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA