

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIPPING POINT 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:

EDWARD B. SMITH
(Name of Person)

(Firm/Company)

PO BOX 1005
(Address)

LAKELAND, FL 33802
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD B. SMITH at (863) 220-2357
(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

7017 1000 0000 8958 4626

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

FILED
18 MAR -5 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

TIPPING POINT SOLUTIONS, LLC

2. The Articles of Organization were filed on 04/15/2014 and assigned

document number L14000061626

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

605.0701(2) CONSENT OF BOTH MEMBERS TO DISSOLVE
THE LLC AS PART OF RETIREMENT.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: NOT APPLICABLE

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:

Edward B. Smith
Signature

EDWARD B. SMITH
Printed Name

FILING FEE: \$25.00

CHECK #1017 3/1/18