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### COVER LETTER

	COVE	KLETTEK				
	gistration Section vision of Corporations		<b>.</b>		;	
SUBJECT:	Space Coast Industrial Solutions LLC					
SUBJECT:	(Name of Limite	ed Liability Comp	pany)			
The enclosed	d Articles of Dissolution and fee(s) are submit	ted for filing.				
Please return	n all correspondence concerning this matter to	the following:				
	Karen Woolsey					
	(Nan	ne of Person)				
	(Pier	n/Company)				
		n/Company)				
	1361 Sanibel Lane					
	(	Address)				
	Merritt Island, FL 32952				202	
	(City/Sta	te and Zip Code)		TREE C	2021 DFC	i j
For further in	nformation concerning this matter, please call:			11145 P	27	*******   ****** ;   *******
Ka	ren Woolsey	321 at (	452-8801	77	S MG	ا سدعت الارواع
	(Name of Person)		Code & Daytime Teleph	hone Number)		
Enclosed is a	check for the following amount:					
<b>■ \$</b> 25	5.00 Filing Fee and Certificate of Dissolution		ing Fee, Certificate of Di I Copy (additional copy i			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liabil Space Coast Industrial Solution				
2.	The Articles of Organizatio	n were filed on <u>04/24/2</u>	014	_ and assigned	
	document number L140000	57427			
3.	The delayed effective date t (effective Note: If the date inserted in t listed as the document's effective	this block does not meet	he applicable statutory filing re	ocument is received for filing)	t be
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the lin copy 605.0707 on bac	nited liability company's dis k cover letter).	solution pursuant to section	n
	Death of manager and primary	agent Mark Woolsey			
	Death of manager and primary			2021 DEC:	2   1   1   1   1   1   1   1   1   1
5.	If there are no members, entactivities and affairs:	ter the name and addre Karen Woolsey	ss of the person appointed to	o wind up the company's	
		1361 Sanibel Lane		1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
		Merritt Island, FL 329	52		
6. ab	Signature of an authorized pove to wind up the company	person or if there are no	o members, the signature of	the person appointed and li	isted
	Karen Work	24/	Karen Woolsey	N	
Signature //		Printed	Name		

FILING FEE: \$25.00