L14 0000 82552

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MATRIX Output 1/C (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:
Roberto Velas Quez (Name of Person)
MATRIX output 1/C (Firm/Company)
2510 ANHERST Ave.
ORIANDOFI 32804 (City/State and Zip Code)
For further information concerning this matter, please call:
Roberto Velosquez at (407) 745 8111 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution

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

Certified Copy (additional copy is enclosed)

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Matrix Output LIc
Document number of Limited Liability Company is: 14000082992.
Date of dissolution was: 3 25 2016
Description of information that must be included in a written claim:
Nane, address and Statement of Clair.
:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
2510 Amherst Ave. Orlango, FL 32804
Att: Roberto A Velasquez
A claim against the above named limited liability company will be barred unless a proceeding to enforce the

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabil	lity company is	
Matrix (Output IIc	
2. The Articles of Organizatio	on were filed on $05/16/2014$ and assigned	l
document number 114	0000 82992	
(effective Note: If the date inserted in the date in the dat	the dissolution if not effective on the date of filing: e date cannot be prior to or more than 90 days later than date document is receive this block does not meet the applicable statutory filing requirements, this ctive date on the Department of State's records.	
4. A description of occurrence	e that resulted in the limited liability company's dissolution pursu (copy 605.0707 on back cover letter).	uant to section
The consent	//	
I HE CONSENT	of all members	
		im 🛪
	<u>></u> ===================================	
		Signal Control
		ir<) <u>Vo ver</u> ry
5. If there are no members, en	tter the name and address of the person appointed to wind up the	company's
activities and affairs:	Roberto A Velasquez	<u>≥</u> <u>5</u>
		
	2510 Amherst Ave	<u>. </u>
	Orlando, FL 32804	
6. Signature of an authorized plisted above to wind up the con	person or if there are no members, the signature of the person ap mpany's activities and affairs:	pointed and
hot where	Roberto Velaso	RUEL
\\ Signature	rimed Name	

FILING FEE: \$25.00