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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Campaign Synergies, 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:

Jenna Persons	
(Name of Person)	
Strayhorn & Persons PL	
(Firm/Company)	
2125 1st St Ste 201	
(Address)	
Fort Myers, FL 33901	
(City/State and Zin Code)	

For further information concerning this matter, please call:

Jenna Persons

.,,239

334-1260

(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

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

1.	The name of a limited liability company is Campaign Synergies, LLC
2.	The Articles of Organization were filed on 7/14/2014 and assigned
	document number L14000110730
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).
	Cessation of business operation.
	NECAH
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	For st of
	56 S
6. Iis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
X	Thomas Leonardo Thomas Leonardo
	Signature / Printed Name

FILING FEE: \$25.00