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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ISHIELD, LLC			
	d Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.		
Please return all correspondence concerning this matter to the	he following:		
Cindy Zschiegner			
(Name	e of Person)		
iSHIELD, LLC			
(Firm	/Company)		
700 Lake Ave			
(A	Address)		
Maitland, FL 32751			
(City/State	e and Zip Code)		
For further information concerning this matter, please call:			
Cindy Zschiegner	at (407	310-8737	
(Name of Person)	(Area Cod	e & Daytime Telephone Number)	
Enclosed is a check for the following amount:			
■ \$25.00 Filing Fee and Certificate of Dissolution	=	Fee, Certificate of Dissolution & by (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 liabili iSHIELD, LLC	ty company is	_•		
2.	The Articles of Organization	were filed on October 16, 2014 and assigned			
	document number L1400016	1479			
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 605.0707, Florida Statutes, (c	that resulted in the limited liability company's dissolution pursuant to sectopy 605.0707 on back cover letter).	tion		
	not making enough money to st	ay open for business	_		
		A CC ARE AR	15 SEP.17		
5.	If there are no members, enter activities and affairs:	er the name and address of the person appointed to wind up the company's Cindy Zschiegner	કર [ે] સું ફ		
		700 Lake Ave, Maitland, FL 32751	-		
		· · · · · · · · · · · · · · · · · · ·	- -		
6. lis	Signature of an authorized poted above to wind up the com	erson or if there are no members, the signature of the person appointed an pany's activities and affairs:	ıd		
0	incly Signature	Cindy 2schiegner Printed Name	_		

FILING FEE: \$25.00