

L16,000 163969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500282622495

03/03/16--01007--015 \*\*25.00

RECEIVED  
MAR 3 2016

16 MAR -3 PM 2:20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ONCRYPTIONS PROFESSIONAL SERVICES AND 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:

**CLAUDIA MURIEL**

(Name of Person)

ONCRYPTIONS PROFESSIONAL SERVICES AND SOLUTIONS LLC

(Firm/Company)

1540 INTERNATIONAL PARKWAY SUITE 2000

(Address)

**LAKE MARY FL 32746**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CLAUDIA MURIEL**

(Name of Person)

at **+1 407-536-0585**

(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:**

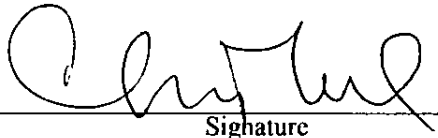
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
ONCRYPTIONS PROFESSIONAL SERVICES AND SOLUTIONS LLC
2. The Articles of Organization were filed on 10/21/2014 and assigned  
document number L14000163969
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).  
COMPANY DOES NOT HAVE SUFFICIENT FUNDS TO RUN SINCE IT HAVE COME CROSS  
THE LOSE OF BUSINESS.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
HERNAN MURIEL  
793 CREEKWATER TER SUITE 113, LAKE MARY FL 32746  
CLAUDIA MURIEL  
793 CREEKWATER TER SUITE 113, LAKE MARY FL 32746
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:

  
Signature

CLAUDIA MURIEL

Printed Name

**FILING FEE: \$25.00**

16 MAR - 3 PM 2:20  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
COUNTY OF ALBANY