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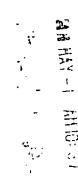
(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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WAN TO SOLL

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FIRST Light SerVICES, LLC
(Warme 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:

SAMUEL PENSULA			
(Name of Person)			
(Firm/Company)			
1106 S. LAKE DAVIS Dr.			
(Address)			
ORLANDO FL 32806			
(City/State and Zip Code)			

For further information concerning this matter, please call:

Samuel Tensula at (407) 748-4239 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

S55.00 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:

The state of the s

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		7. ²
1. The name of a limited liability company is		بر مربع
FIRST Light Services LLC	•.	
2. The Articles of Organization were filed on $04/27/2015$ and ass	gned	ر د)
document number 47-3852243		•
3. The delayed effective date the dissolution if not effective on the date of filing: OH / (effective date cannot be prior to or more than 90 days later than date document is Note: If the date inserted in this block does not meet the applicable statutory filing requirement listed as the document's effective date on the Department of State's records.	25/2 received for ts, this date	r filing) e will not be
4. A description of occurrence that resulted in the limited liability company's dissolution 605.0707. Florida Statutes, (copy 605.0707 on back cover letter).	pursuant t	to section
All operations/Services Closed Per	MANG	stly.
		
5. If there are no members, enter the name and address of the person appointed to wind u	p the comp	pany's
activities and affairs: DAMUEL PENSULA		
1106 S. LAKE DAVIS I) r.	
ORLANGO FL 3280	6	
·		
6. Signature of an authorized person or if there are no members, the signature of the person listed above to wind up the company's activities and affairs:	on appoint	ed and
Sal Pola Samuel Te	50720)	La
Signature Printed Name	<u> </u>	<u> </u>

FILING FEE: \$25.00