

12/1/2015 Dec. 1, 2015 3:19PM

Division of Corporations

No. 4474 P. 1

Florida Department of State
Division of Corporations
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LLC DISSOLUTION OR WITHDRAWAL
GENESIS SOLUTIONS LLC

Certificate of Status	0
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No. 4474

P. 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENESIS 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:

ANTHONY ALFONSO

(Name of Person)

GENESIS SOLUTIONS LLC

(Firm/Company)

10261 SW 72 ST, SUITE C 101

(Address)

MIAMI/FLORIDA 33173

(City/State and Zip Code)

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For further information concerning this matter, please call:

MANUEL M ARVESU

(Name of Person)

at **305 799-8077**

(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

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Dec. 1. 2015 3:20PM

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
GENESIS SOLUTIONS LLC

2. The Articles of Organization were filed on 05/05/2015 and assigned
document number L15000079546

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).
AT A MEETING OF THE MEMBERS, THE MEMBERS ELECTED TO DISSOLVE THE COMPANY

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: N/A

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

ANTHONY ALFONSO

Printed Name

FILING FEE: \$25.00

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