## L15 000096545

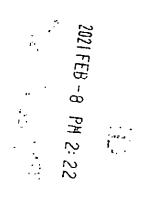
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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O SIMMONS MAR 24 2021

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations		
SUBJ	ест:	SPOT ON 50 (Name of Limite	LUTIONS LLC d Liability Company)
The en	elosed An	ticles of Dissolution and fee(s) are submitte	ed for filing.
Please	return all	correspondence concerning this matter to t	he following:
		MARY WI	5MA72 e of Person)
		SPOT ON SOL	Company)
		1314 ALBER	Address)
			Ky PL 3278 9 e and Zip Code)
For fu	rther infor	mation concerning this matter, please call:	
	M	(Name of Person)	at ( 407) 312-9964 (Area Code & Daytime Telephone Number)
Enclos	ed is a check	k for the following amount:	
	■ \$25.00 F	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	Regist Division P.O. B	Address: ration Section on of Corporations tox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is 2021 FEB -8 PH 2: 22
	SPOT ON SOLUTIONS LLC
2.	The Articles of Organization were filed on $06/02/2015$ and assigned document number $15000096545$
3.	The delayed effective date the dissolution if not effective on the date of filing: 03/01/2021 (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).  CLOSING BUSINESS DUE TO RETIREMENT
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	ARY WISMAR  1314 ALBERT DR  WINTER PARK, FL 32.789
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
l	Mary Wisman MARY WISMAR Printed Name

FILING FEE: \$25.00