

415000122791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

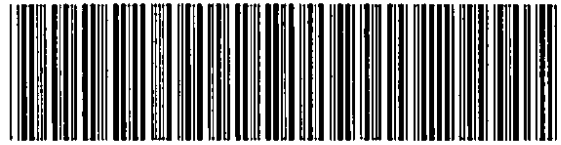
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

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01/10/19--01014--005 \*\*25.00

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JAN 17 2019

FILED

19 JAN 10 PM 3:09

V/Diss

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

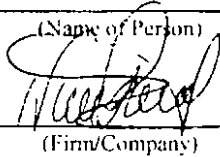
**SUBJECT:** SOL UTIONS LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEIDA ESPINA

(Name of Person)



(Firm/Company)

439 KINGS PATH DR

(Address)

SEFFNER/ FLORIDA 33584

(City/State and Zip Code)

For further information concerning this matter, please call:

NEIDA ESPINA

(Name of Person)

at ( 813 ) 9578836

(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  
SOLUTIONS LLC.

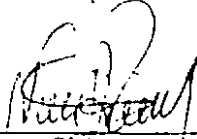
2. The Articles of Organization were filed on JULY 16TH 2015 and assigned  
document number L15000122791

3. The delayed effective date the dissolution if not effective on the date of filing: JANUARY 8TH 2019  
(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).  
UPON THE WRITTEN CONSENT OF ALL THE MEMBERS, IT WAS RESOLVED THAT THE LLC IS TO  
STOP DOING BUSINESS AND BE DISOLVED EFFECTIVE AS OF 01/08/2019 AT 11:59 PM.

5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs: \_\_\_\_\_

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

NEIDA ESPINA

Printed Name

**FILING FEE: \$25.00**

FILED

19 JAN 10 PM 3:08