

L15000173939

(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



100285197411

05/02/16--01015--018 **25.00

2016 MAY -2 P 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 03 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIAGE 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:

MARGARET T. MCNEES
(Name of Person)

TRIAGE SOLUTIONS, LLC
(Firm/Company)

116 SHEPPARD RD NW
(Address)

LAKE PLACID, FL 33852
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARET T. MCNEES at (772) 538-6085
(Name of Person) (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

TRIAGE SOLUTIONS, LLC

2. The Articles of Organization were filed on 10/13/2015 and assigned

document number 45000173939

3. The delayed effective date the dissolution if not effective on the date of filing: 4/25/2016
(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).

THE COMPANY NEVER GOT STARTED THE WAY WE
THOUGHT IT WOULD. WE LOST MONEY SO DECIDED
TO DISSOLVE THE COMPANY SINCE WE ARE
MOVING OUT OF THE AREA.

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

MARGARET T. MCNEES
116 SHEPPARD RD NW
LAKE PLACID, FL.
33552

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:

Margaret T. McNees
Signature

Margaret T. McNees
Printed Name

FILING FEE: \$25.00

FILED
MAY - 2 P 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA