

L15000185626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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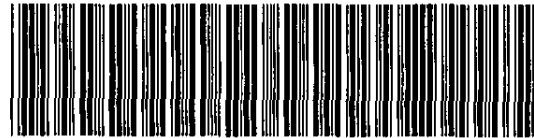
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 MAR 16 P 4: 21

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

n BRUCE  
MAR 17 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wallace Global 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:

Jim Wallace

(Name of Person)

Wallace Global Solutions, LLC

(Firm/Company)

603 Yosemite Ave, Apt 101

(Address)

Naperville, IL 60563

(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Wallace

(Name of Person)

at ( 847 ) 772-5209

(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

TALLAHASSEE, FLORIDA

2017 MAR 16 P 4:21

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

1. The name of a limited liability company is

Wallace Global Solutions, LLC

2. The Articles of Organization were filed on November 2, 2015 and assigned

document number L15000185626

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 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).

Voluntary dissolution of the organization. Lack of business.

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

Jim Wallace

603 Yosemite Ave, Apt 101

Naperville, IL 60563

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

Jim Wallace

Printed Name

**FILING FEE: \$25.00**

FILED  
2017 JAN 16 PM 4:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA