

L16000000088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

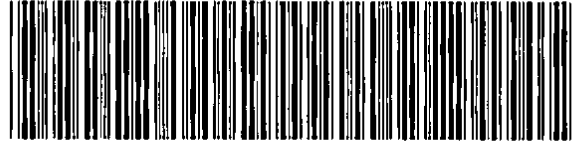
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2018 DEC 28 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

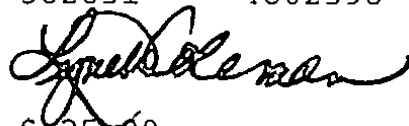
CLS
1-2-19

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 562651 4802598

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : December 28, 2018

ORDER TIME : 4:02 PM

ORDER NO. : 562651-005

CUSTOMER NO: 4802598

DOMESTIC FILINGS

NAME: FSN, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FSN, 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:

Rosemary Loverdi

(Name of Person)

Dilworth Paxson LLP

(Firm/Company)

1500 Market Street, Suite 3500E

(Address)

Philadelphia, PA 19102

(City/State and Zip Code)

For further information concerning this matter, please call:

CATHERINE E. WAGNER

(Name of Person)

at (215) 575-7145
(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
FSN, LLC

2. The Articles of Organization were filed on December 29, 2015 and assigned
document number L16000000088

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).
THE CONSENT OF ALL MANAGERS / OUT 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: Anthony J. Sciole
P. O. Box 957
Broomall, PA 19008

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:



BY:

[Signature]
Signature

Anthony J. Sciole

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 28 AM 9:53

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: FSN, LLC

Document number of Limited Liability Company is: L16000000088

Date of dissolution was: Date of filing

Description of information that must be included in a written claim:

Original invoices

Signed shipping documents

Signed receiving documents

Signed contract

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

FSN, LLC

P.O. Box 957

Broomall, PA 19008

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 DEC 28 AM 8:52

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Anthony J. Sciole

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00