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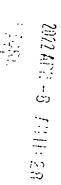
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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04/09/22--01010--021 **25.06



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations						
SUBJECT: Name of Limited	or LLC					
\ (Name of Limited	Liabifity Company)					
The enclosed Articles of Dissolution and fee(s) are submittee	I for filing.					
Please return all correspondence concerning this matter to the	e following:					
, c	-					
(Name	\ <u>r</u>					
(Name	of Person)					
Firm/Company)						
(
87 010 Hickory Trail						
(Address)						
14.0						
Me-Dersonville Mc 28739 (City/State and Zip Code)						
(6),,6						
For further information concerning this matter, please call:						
(Name of Person)	ar 678, 549-5834					
(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)					
NACTION Address.	Stungt Address.					
Mailing Address: Registration Section	Street Address: Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabili	ty company is					
100 Line	Solutions L	لے				·
2. The Articles of Organization document number	were filed on	(19/2010	/ 2	and assign	ed	
3. The delayed effective date the (effective Note: If the date inserted in the listed as the document's effective	date cannot be prior to or r his block does not meet	nore than 90 days ia the applicable stati	ter than date of utory filing re	ocument is rec	eived for this date	filing) will not be
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the lin copy 605.0707 on bac	K cover letter).				2012 Ai 3
5. If there are no members, entactivities and affairs:	ter the name and addre		appointed t	o wind up tl	he comp	any's
activities and arrans.		9 Hickon Somuthe	1 / C).t	73 '	 }
6. Signature of an authorized pabove to wind up the company	person or if there are re's activities and affair	no members, the	signature of	the person	appoint	 ed and liste
202	ell_	w:	Printer	لن ، U	را	
Signature			Timec	1 1 Tairie		

FILING FEE: \$25.00