16000119654

(Requestor's Name)					
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Bu	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 341835 8290202 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: December 20, 2021 ORDER TIME : 9:32 AM ORDER NO. : 341835-025 CUSTOMER NO: 8290202 DOMESTIC FILINGS NAME: ALLOCABLE, LLC XX ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland - EXT#

COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Allocable, LLC				
(Name of Limited Liability Company)					
he enclosed	Articles of Dissolution and fee(s) are submi	tted for filing.			
	all correspondence concerning this matter to	•			
	Kathleen Malone				
	(Na	me of Person)			
	c/o Cognizant Technology Solutions Legal Department				
	(Firm/Company)				
	300 Frank W. Burr Boulevard, Suite 36, 6th Floor				
	(Address)				
	Teaneck, NJ 07666				
	(City/St	ate and Zip Code)			
or further inf	formation concerning this matter, please call	1:			
Kathleen Malone		949 362-4539 at ()			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
inclosed is a ch	neck for the following amount:				
□ \$25.0	0 Filing Fee and Certificate of Dissolution	 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) 			
<u>Maili</u>	ing Address:	Street Address:			
	istration Section	Registration Section			
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited l	iability company is		
2. The Articles of Organiz	zation were filed on June 24	4, 2016	and assigned
document number L10	5000119654		
Note: If the date inserte	late the dissolution if not effective date cannot be prior to or not in this block does not meet the effective date on the Departm	the applicable statutory f	Thing: Dec. 31, 2021 date document is received for filing) illing requirements, this date will not be
4. A description of occurr 605.0707, Florida Statu	ence that resulted in the lin tes, (copy 605.0707 on bac	nited liability company k cover letter).	's dissolution pursuant to section
The written consent of the	e sole member of the limited l	liability	
company.		-	
•	<u></u>		
5. If there are no members	s, enter the name and addre	ss of the person appoir	nted to wind up the company's
activities and affairs:			
			PI N
			<u> </u>
			AH ID: 10
			- mo 5
			理与
6. Signature of an authorizabove to wind up the comp	zed person or if there are no pany's activities and affairs	o members, the signatu :	re of the person appointed and listed
OocuSigned by:			
Damian Be 685624D0380443	hegas B.	Damian Benegas	
Signatu	re	Рг	inted Name

FILING FEE: \$25.00