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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

SNP Applications 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:

Michael P. Kuhn, Esq.

(Name of Person)

Fisher Broyles, LLP

(Firm/Company)

4470 Cox Road, Suite 250

(Address)

Glen Allen, VA 23060

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael P. Kuhn

\_,804

938 4380

(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 lia	bility company is		
SNP Applications LLC	· · · · · · · · · · · · · · · · · · ·		•
2. The Articles of Organiza	nion were filed on July 13, 20	16	and assigned
document number L16000	0137865	-	
Note: If the date inserted i	ive date cannot be prior to or more	than 90 days later than date applicable statutory filing	g: document is received for filing) requirements, this date will not be
4. A description of occurrer 605.0707, Florida Statutes	ce that resulted in the limite, (copy 605.0707 on back co	d liability company's d	lissolution pursuant to section
SNP Applications LLC ceas	ed to conduct any business and	has no assets.	·
5. If there are no members,	enter the name and address of	of the person appointed	to wind up the company's
activities and affairs:			≥
			25 ARY ( ASSE
	<del>- " · · · · · · · · · · · · · · · · · · </del>		
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			23 DA
6. Signature of an authorize listed above to wind up the c	d person or if there are no me company's activities and affa	embers, the signature cirs:	of the person appointed and
Jor Viey	2	Joerg Vierfuss, Manager	
// Signature	/	Printe	d Name

**FILING FEE: \$25.00**