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SECRETARY OF STATE
TAIL ANASSEE, FLORID

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Heritoga Safety Solidins, 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:
JAmes E. Davis (Name of Person) Heritage Salada Solutions (DBA) (First Company) 9055 Heritage Bay Circle (Address) Orlando, Fuelda 32836 (City/State and Zip Code)
For further information concerning this matter, please call: Amor 2 Davis at (407) 733 - 5513 25 25 25 25 25 25 25 2
Enclosed is a check for the following amount: \$\sum_{\frac{1}{2}}\$5.00 Filing Fee and Certificate of Dissolution \$\sum_{\frac{1}{2}}\$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
	Heritaga Sofaty Solutions, LLC
2.	The Articles of Organization were filed on 8/3/2016 and assigned
	document number <u>L 16000 139 183</u>
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).
	I was advised that a DBA would be
	Sufficient for the organization and continuing
	business vantue. A DBA has been assigned
	as Heritage Safety Solutions.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	SECRETA AUG
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Samesa Davis James E. Davis
	Signature Printed Name FILING FEE: \$25.00