

L16000177488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

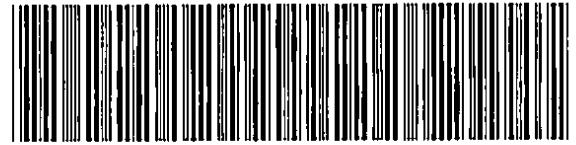
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 23 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JAN 23 PM 12:04

015
1-24-19

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

ACCOUNT NO. : I20000000195

REFERENCE : 599227 4800429

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 25.00

ORDER DATE : January 23, 2019

ORDER TIME : 1:33 PM

ORDER NO. : 599227-005

CUSTOMER NO: 4800429

DOMESTIC FILINGS

NAME: MANAGED SERVICES WORKS, 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: Roxanne Turner - EXT#

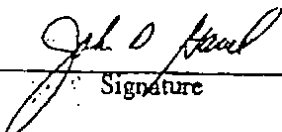
EXAMINER'S INITIALS: _____

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Managed Services Works, LLC
2. The Articles of Organization were filed on 9/22/2016 and assigned
document number L16000177488
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).
Pursuant to the consent of the sole member and consistent with 605.0701(2), the sole member has elected to
dissolve Managed Services Works, LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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:


Signature

John Hand, sole member

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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