

L17000050445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

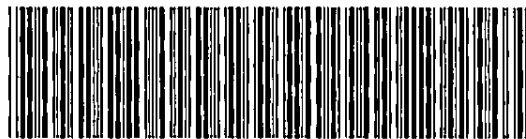
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 NOV 26 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FL

LTS  
11-29-18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ADVANCED INVESTIGATIVE SOLUTIONS 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:

**LEWIS NADEL**

(Name of Person)

(Firm/Company)

**10840 LONDON STREET**

(Address)

**COOPER CITY, FL 33026**

(City/State and Zip Code)

For further information concerning this matter, please call:

**LEWIS NADEL**

(Name of Person)

**954 999-7973**

(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 liability company is  
ADVANCED INVESTIGATIVE SOLUTIONS LLC
2. The Articles of Organization were filed on MARCH 3, 2017 and assigned  
document number 1.17000050445
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).  
CESSATION OF THE COMPANY'S BUSINESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: LEWIS NADEL  
10840 LONDON STREET  
COOPER CITY, FL 33026  
\_\_\_\_\_
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

LEWIS S NADEL

Printed Name

**FILING FEE: \$25.00**