

L17000084260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

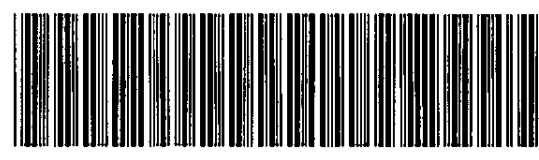
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/09/18--01015--024 **25.00

FILED
18 MAR -9 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Entegra Solutions and Services, 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:

Michelle Pisula
(Name of Person)
Entegra Solutions and Services, LLC
(Firm/Company)
3015 N CASSATA Lane
(Address)
St. Augustine FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Pisula at 904, 599-5422
(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

FILED
18 MAR -9 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Entegra Solutions and Services, LLC

2. The Articles of Organization were filed on 4/14/17 and assigned

document number L270000 P4260

3. The delayed effective date the dissolution if not effective on the date of filing: 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).

STARTED Consulting company AND
elected A role at another company
instead of consulting.

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

Bill Mangine, South Beach TAX
1492 Per nard
JAX FL 32250

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:

Michelle Pisota
Signature

Michelle Pisota
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: En Tegra Solutions and Services, LLC

Document number of Limited Liability Company is: L17000084260

Date of dissolution was: Date of filing

Description of information that must be included in a written claim:

Complaint, dates, impact of claim,
Backup data to exhibit proof AND
Any other relevant / pertinent info.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Michelle Pisula
3015 N CASSATA LANE
St. Augustine FL 32092

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Michelle Pisula

Printed Name of the Person Filing

Michelle Pisula

Signature of the Person Filing

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TALLAHASSEE, FLORIDA