

L17000100512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

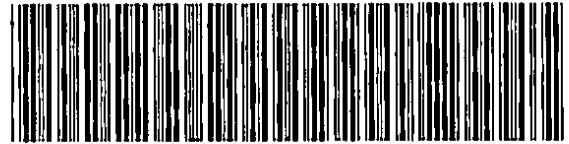
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/19--01:15--011 11:00

FILED
19 JUN 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL Expo Solutions
(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:

Joseph Crolly
(Name of Person)

TOTAL Expo Solutions
(Firm/Company)

4331 Creekside Blvd.
(Address)

Kissimmee FL 34746
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Crolly at (407) 781-6045
(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 liability company is

TOTAL Exp Solutions

2. The Articles of Organization were filed on 05/05/2017 and assigned
document number L17000100512

3. The delayed effective date the dissolution if not effective on the date of filing: 06/12/2019.
(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).

No profit being made from company.

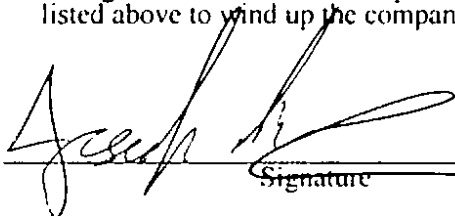
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Joseph Croy
4331 Creekside Blvd
Kissimmee FL 34746

19 JUN 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Joseph Croy
Printed Name

FILING FEE: \$25.00