

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : 120160000008
Phone : (850)777-2091
Fax Number : (770)220-1943

LLC DISSOLUTION OR WITHDRAWAL
RELIN UV-TECHNOLOGIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELINE UV-TECHNOLOGIES, 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:

Elissa Hart

(Name of Person)

Smith, Gambrell & Russell, LLP

(Firm/Company)

1230 Peachtree St. NE, Suite 3100

(Address)

Atlanta, GA 30309

(City/State and Zip Code)

For further information concerning this matter, please call:

Elissa Hart

(Name of Person)

404

at

815-3583

(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

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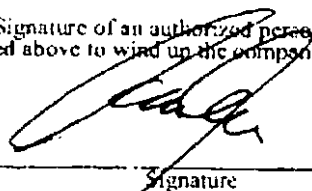
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
RELINE UV-TECHNOLOGIES, LLC
2. The Articles of Organization were filed on 8/3/2017 and assigned
document number LI7000165742
3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2017
(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).
The LLC is dissolving per the consent of the sole member due to no business activity.

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

Christian Werner Noll, Manager

Printed Name

FILING FEE: \$25.00

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