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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: //a/o Doc, 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:
Brian Ward (Name of Person)
(Firm/Company) 4636 Bito Sour Road, Ste A (Address) Mahile, At 36608 (City/State and Zin Code)
Mabile, AL 36608
(City/State and Zip Code)
For further information concerning this matter, please call: Check Stewart at (25) 301 - 0867 (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 compa	·
Halo Doc, L	4C
2. The Articles of Organization were file	2/2/2/18
document number <u>L 180000</u>	37776
3. The delayed effective date the dissoluteffective date cannot Note: If the date inserted in this block d listed as the document's effective date or	tion if not effective on the date of filing: \(\sum_{\text{u/v}} \) \(\frac{31, 2019}{2019} \) be prior to or more than 90 days later than date document is received for filing) oes not meet the applicable statutory filing requirements, this date will not be in the Department of State's records.
4. A description of occurrence that resul 605.0707, Florida Statutes, (copy 605.	Ited in the limited liability company's dissolution pursuant to section .0707 on back cover letter).
The vote of the Ma	of profitability
due to a luck	of profitability.
5. If there are no members, enter the nar activities and affairs:	ne and address of the person appointed to wind up the companys
_0	rul Stavart
<u>40</u>	lesce Bit + Spur Road, Stet
_16	phile, AL 3Cecools
6. Signature of an authorized person or i listed above to wind up the company's ac	if there are no members, the signature of the person appointed and etivities and affairs:
h I	Binalder
Signature	Printed Name

FILING FEE: \$25.00