

118000064346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

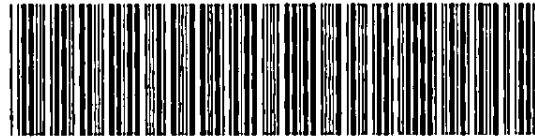
(Business Entity Name)

(Document Number)

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

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2021 MAR -9 PM 1:16

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MAR 30 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2021

JULIUS WALKER  
300 PRIMERA BLVD  
STE. 140  
LAKE MARY, FL 32746

SUBJECT: SELECTSOURCE PAYROLL & HCM, LLC  
Ref. Number: L18000064346

We have received your document for SELECTSOURCE PAYROLL & HCM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a NON PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 621A00002741

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dissolution of Seolect Source Payroll & HCM  
\_\_\_\_\_  
(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:

Julius Walker

\_\_\_\_\_  
(Name of Person)

Select Source

\_\_\_\_\_  
(Firm/Company)

300 Primera Blvd. Suite 140

\_\_\_\_\_  
(Address)

Lake Mary, Florida

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julius Walker

407

515-2463

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2021 MAR -9 PM 1:16

1. The name of a limited liability company is

Select Source Payroll & HCM

2. The Articles of Organization were filed on 3/14/2018

and assigned

document number L18000064346

3. The delayed effective date the dissolution if not effective on the date of filing: 03/15/2021

(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).

Management decision to dispose of entity

Management decision to dispose of entity

Management decision to dispose of entity

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

Angela O'Reilly

300 Primera Blvd. Suite 140

Lake Mary, Florida 32746

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:

Angela O'Reilly

Signature

Angela O'Reilly

Printed Name

FILING FEE: \$25.00