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

From: Account Name : FL PATEL LAW PLLC
Account Number : 120170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

**LLC DISSOLUTION OR WITHDRAWAL
ISOCRATES LLC**

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iSocrates 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:

Kalpesh J. Patel

(Name of Person)

FL Patel Law PLLC

(Firm/Company)

360 Central Avenue #800

(Address)

Saint Petersburg, Florida 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Kalpesh J. Patel

(Name of Person)

at (727) 279-5037

(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
iSocrates LLC
2. The Articles of Organization were filed on 05/15/2018 and assigned
document number L18000122114
3. The delayed effective date the dissolution if not effective on the 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).
This LLC is dissolved pursuant to a vote of the Members.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Michael Weaver
433 Central Avenue #300
Saint Petersburg, Florida 33701
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

Michael Weaver

Printed Name

FILING FEE: \$25.00