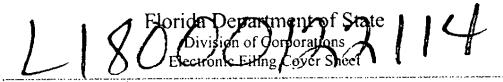
9/18/2018

17278881294

→ 18506176383 Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097

Phone : (727)279-5037 Fax Number : (727)888-1294

LLC DISSOLUTION OR WITHDRAWAL ISOCRATES LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: iSocrates LLC

17278881294

(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

at (727) 279-5037 (Area Code & Daytine 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

iSocrates LLC	raoriny company is		
2. The Articles of Organiz	ration were filed on 05/15/2	018 and	d assigned
document number L180	000122114	_	
(effe Note: If the date inserter	ective date cannot be prior to or m	fective on the date of filing: ore than 90 days later than date docume applicable statutory filing requirent of State's records.	nent is received for filing) ements, this date will not b
4. A description of occurr 605.0707, Florida Statu	ence that resulted in the lim tes, (copy 605.0707 on back	nited liability company's dissolu k cover letter).	ution pursuant to section
This LLC is dissolved pur	suant to a vote of the Member	S.	
			2
			7
5. If there are no members activities and affairs:	s, enter the name and addre	ss of the person appointed to w	ind up the company's
	433 Central Avenue #	300	
	Saint Petersburg, Flori	ida 33701	
6. Signature of an authori listed above to wind up th	zed person or if there are no e company's activities and	o members, the signature of the affairs:	person appointed and
Alla	-	Michael Weaver	
Signature		Printed Name	

FILING FEE: \$25.00