

L18000186249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500340322065

FILED

2020 FEB -5 AM 10:15

SECRET  
TALLAHASSEE, FLORIDA

RECEIVED

2020 FEB -5 PM 4:39

SECRET  
TALLAHASSEE, FLORIDA

Y SULKER

FEB 06 2020

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 2/5/2020

Acc#120160000072

*mic SW*

Name:	AVINX LABS LLC
Document #:	
Order #:	12645635 - 3

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	25.00
------------	-------

Thank you!

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

1. The name of a limited liability company is  
AVINX LABS LLC

2. The Articles of Organization were filed on 08/02/2018 and assigned  
document number L18000186249

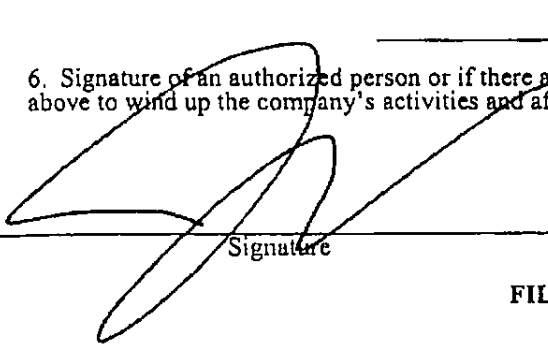
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, 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).

The consent by the sole member to dissolve the Company.

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

Joseph P. Genova

Printed Name

**FILING FEE: \$25.00**

2018 FEB -5 PM 1:16  
TALLAHASSEE FLORIDA

FILED