

LIB 00028646S

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(Business Entity Name)

(Document Number)

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02/18/19--01001--013 **25.00

TALLAHASSEE, FLORIDA

2019 FEB 15 A 6:54
19 FEB 15 PM 4:10

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2/18/19

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>Accoged Labs LLC</u>	FOR OFFICE USE ONLY

PICK ONE:

___ CERTIFIED COPY ___ ☒ PHOTOCOPY ___ C.U.

FILING:

___ CORPORATION ___ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP
___ FICTITIOUS NAME ___ SERVICEMARK/TRADEMARK ___ AMENDMENT
___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN
☒ OTHER Dissolution

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APOSTILLE/CERTIFICATION REQUEST:

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DATE 2/15/19 TIME _____

Notes: _____

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

1. The name of a limited liability company is

Accessed Labs LLC

2. The Articles of Organization were filed on 12/14/18 and assigned

document number L18000286465

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).

Closed Business

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

/s/ Jill Barrett

Signature

Jill Barrett

Printed Name

FILING FEE: \$25.00