

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
11 mile			
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06/03/24--01015--025 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ADVANCED DUCT SYSTEMS LLC DOCUMENT NUMBER: L 2 00000 85/48
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
ADVANCED DUCT SYSTEMS LZC (Firm/Company)
4405 KNIGHTS STATION ROAD (Address)
(Address)
LANSIAND, FL 338/0 (City/State and Zip Code)
For further information concerning this matter, please call:
MIKE DUNN at (B63) 284-2690 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
US25 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Copy (Additional copy is enclosed) Copy (Additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is	
	- HOVANCE	D DUCT SYSTEMS LLC
2.	The Articles of Organization were filed on _	and assigned
	document number <u>L2 cccc 8</u>	35148
3.	The delayed effective date the dissolution if r	not effective on the date of filing:
	Note: If the date inserted in this block does not listed as the document's effective date on the De	meet the applicable statutory filing requirements, this date will not be
4.	A description of occurrence that resulted in the 605.0707. Florida Statutes, (copy 605.0707 or	ne limited liability company's dissolution pursuant to section hack cover letter).
	No LENGER CONS	OULTING BUSINESS &
		36
5.	If there are no members, enter the name and a activities and affairs:	address of the person appointed to wind up the company's
	4405	LAND FLORIDA
	LARCE	LAND FLORIDA
		33810
6. ab	Signature of an authorized person or if there a ove to wind up the company's activities and a	are no members, the signature of the person appointed and listed ffairs:
	KeVIN SHINN	- Aller
	Signature	Printed Name

FILING FEE: \$25.00