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COVER LETTER

	sistration Section ision of Corporations			
SUBJECT:	ADAPTLEADSUCCEED			
	(Name of Limi	ted Liability Comp	any)	
he enclosed	Articles of Dissolution and fee(s) are submi	tted for filing.		
ease return	all correspondence concerning this matter to	the following:		
	Lynda James-Gilboe			
	(Name of Person)			
	(Firm/Company)			
	42352 Beechwood Ct			
	Canton, MI 48188	(Address)		
	(City/Sta	ate and Zip Code)		
or further in	formation concerning this matter, please call	:		
Lynda James-Gilboe		734	589 5270	
	(Name of Person)	(Area C	Code & Daytime Telephone Number)	
closed is a c	heck for the following amount:			
■ \$25.00 Filing Fee and Certificate of Dissolution			g Fee, Certificate of Dissolution & Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited I ADAPTLEADSUCCEEL					
2. The Articles of Organiz	ration were filed on	aly 14,2020 and assigned			
document number L200		 			
Note: If the date inserted	The delayed effective date the dissolution if not effective on the date of filing: \$\frac{3}{-3} \- \frac{20}{2}\$. (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 occurre 605.0707, Florida Statut	ence that resulted in these, (copy 605.0707 or	he limited liability company's dissolution pursuant to section hack cover letter).			
I am moving to Michigan					
If there are no members activities and affairs:	, enter the name and a Lynda James-Gil	address of the person appointed to wind up the company's			
detrines and arrains.	42352 Beechwoo	od Ct			
	Canton MI 4818	Canton MI 48188			
Signature of an authoriz above to wind up the comp	ed person or if there a any's activities and a	are no members, the signature of the person appointed and listed ffairs:			
Myd Jans 2	Slor	Lynda James-Gilboe			
Signatur	e	Printed Name			

FILING FEE: \$25.00