

L20000272431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

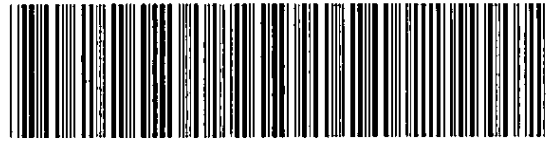
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J. HORNE  
JUL 18 2024

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07/10/2024 11:46:19 AM EST \$25.00

2024 JUL 10 PM 1:15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRACTICS LLC  
(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:

WILLIAM L SISCA III  
(Name of Person)

TRACTICS LLC  
(Firm/Company)

1554 WEYBRIDGE CIRCLE  
(Address)

NAPLES, FLORIDA. US 34110  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM SISCA III at ( 310 ) 452 8603  
(Name of Person) (Area Code & Daytime 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2024 JUL 10 PM 1:15

1. The name of a limited liability company is

TRACTICS LLC

2. The Articles of Organization were filed on SEPTEMBER 01, 2020 and assigned

document number L20000272431

3. The delayed effective date the dissolution if not effective on the date of filing: 6/18/2024

(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 OF ALL THE MEMBERS.

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:

DocuSigned by:

William L Sisca III

C5FAEBA82A024A9

WILLIAM L SISCA III