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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 Phone : (904)359-7700 Fax Number : (904)359-7708

LLC DISSOLUTION OR WITHDRAWAL COMPREHENSIVE TESTING SOLUTIONS, LLC

Certificate of Status	0
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Fax.4

ARTICLES OF DISSOLUTION
OF
COMPREHENSIVE TESTING SOLUTIONS, LLC

ARTICLE I

The name of this company is Comprehensive Testing Solutions, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on October 6, 2020, and assigned Document Number L20000304443.

ARTICLE III

The dissolution of the Company was authorized by written consent adopted by the Members of the Company on February 28, 2023, and shall be effective as of the date of filing of the Articles of Dissolution.

ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709. Florida Statutes.

ARTICLE V

All remaining property and assets of the Company have been distributed to the Members in accordance with the governing documents of the Company and the Florida Revised-Limited Embility Company Act.

ARTICLE VI

There are no suits pending against the Company in any court.

Dated this 28th day of February 2023.

COMPREHENSIVE TESTING SOLUTIONS, LLC

rame: <u>C S</u>

Title

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:
Document number of Limited Liability Company is: L20000304443
Date of dissolution was: March 7, 2023
Description of information that must be included in a written claim:
The identity and contact information for the person or entity asserting the claim, a description of the basis for the claim,
the date the claim arose, the amount of the claim, and a description of the facts and circumstances underlying the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
19 Sea Winds Lane South
Ponte Vedra Beach, FL 32082
A claim against the above named limited liability company will be barred unless a proceeding to enforce the clacommenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

L19116 Bissell

Lisa K. Bissell