

2/2/24, 4:04 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000159687

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PETERSON & MYERS PA
Account Number : Y20080000078
Phone : (863)683-6511
Fax Number : (863)688-8099

LLC DISSOLUTION OR WITHDRAWAL Z AXIS SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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FEB - 5 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Z AXIS SOLUTIONS 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:

AMANDA L. WALLS, ESQ.

(Name of Person)

PETERSON & MYERS, P.A.

(Firm/Company)

225 EAST LEMON STREET, SUITE 300

(Address)

LAKELAND, FL 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA L. WALLS, ESQ.

863

683-6511

at (

(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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Z AXIS SOLUTIONS LLC

2. The Articles of Organization were filed on 04/06/2021 and assigned

document number L21000159687

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.

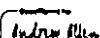
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The members of the limited liability company unanimously consent to the dissolution pursuant to

Section 607.0701(2), Florida Statutes.

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:



Signature

Andrew Allen, as a managing member

Printed Name

FILING FEE: \$25.00

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2024 FEB - 2 AM 8:16
SECTION OF STATE
TALLAHASSEE, FL

FILED

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Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

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: Z AXIS SOLUTIONS LLC

Document number of Limited Liability Company is: L21000159687

Date of dissolution was: February 2, 2024

Description of information that must be included in a written claim:

Name, address, telephone number, email address of claimant along with a detailed description of the claim including the date on which the claim was incurred and the total amount sought in the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Peterson & Myers, P.A.

225 East Lemon Street, Suite 300

Lakeland, Florida 33801

Attn: Amanda L. Walls, Esq.

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Andrew Allen, as managing member

Printed Name of the Person Filing

Andrew Allen

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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