

L21000344482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500383501095

ALLAHASSEE, FL

2022 JUN -1 PM 2:50

RECEIVED

STATE OF FLORIDA
TALLAHASSEE, FL

2022 JUN -1 AM 8:48

FILED

6/2/2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/1/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1042730

ORDER ENTITY
DISABILITY SERVICES LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DISABILITY SERVICES LLC (FL)

File the attached dissolution document and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

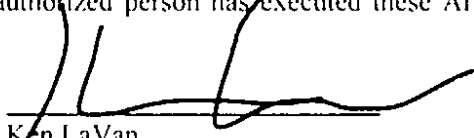
Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF DISSOLUTION

1. The name of the limited liability company is: **Disability Services LLC**.
2. The Articles of Conversion and Articles of Organization of the limited liability company were filed on July 29, 2021 and assigned document number L21000344482.
3. The effective date of dissolution of the limited liability company will be the date of filing.
4. Pursuant to Section 605.0702(2) of the Florida Statutes, the sole member of the limited liability company consented to the limited liability company's dissolution.

IN WITNESS WHEREOF, the undersigned authorized person has executed these Articles of Dissolution this 1st day of June, 2022.

By: 
Name: Ken LaVan
Title: Chief Executive Officer

FILED
2022 JUN -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FL

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 Section 605.0712 of the Florida Statutes.

Name of limited liability company: **Disability Services LLC**

Document Number of limited liability company: L21000344482

Date of dissolution: June 1, 2022

Claims must be in writing and include:

- The name of the claimant;
- The amount of the claim; and
- A short summary of the basis for the claim.

Claims should be mailed to the limited liability company at the following address:

Disability Services LLC
174 Meeting Street, Suite 200
Charleston, SC 29401

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

By: 

Name: Ken LaVan

Title: Chief Executive Officer