## L2200149979

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
(City/State/Zip/Filone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(,							
Confirm Conice							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only

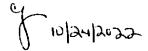


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122 OCT 21 ATTI: 2

#11.63



Tallhassee, FL 32301 Phone: 850-558-1500								
ACCOUNT NO. : 12000000195								
REFERENCE : 065577 4306193								
AUTHORIZATION:								
COST LIMIT : \$ 25.00								
ORDER DATE: October 20, 2022								
ORDER TIME : 9:08 AM								
ORDER NO. : 065577-005								
CUSTOMER NO: 4306193								
DOMESTIC FILINGS								
NAME: FULL SPECTRUM GROUP, LLC								
XX ARTICLES OF DISSOLUTION								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING								
CONTACT PERSON: Eyliena Baker - EXT#								

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

## **COVER LETTER**

	tration Section ion of Corporations							
A	Full Spectrum Group, LLC							
(Name of Limited Liability Company)								
The enclosed A	Articles of Dissolution and fee(s) are submi	tted for filing.						
lease return a	Il correspondence concerning this matter to	the following:						
	Aleksandra Krasinski							
	(Na	me of Person)						
	Katten Muchin Rosenman LLP							
	(Firm/Company)							
	525 W Monroe St.							
	(Address)							
	Chicago, IL 60661							
	(City/St	ate and Zip Code)						
or further info	ormation concerning this matter, please call	:						
Aleks	sandra Krasinski	312 577-8551 at()						
	(Name of Person)	at ()  (Area Code & Daytime Telephone Number)						
Enclosed is a che	eck for the following amount:							
<b>≡ \$25.0</b> 0	Filing Fee and Certificate of Dissolution	of Dissolution  □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						
	ng Address:	Street Address:						
	stration Section	Registration Section						
	Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee							
	shassee, FL 32314	2415 N. Monroe Street, Suite 810						
		Tallahassee, FL 32303						

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili Full Spectrum Group, LLC	ty company is		2022 G.	21 	7'' 10: 26		
2.	The Articles of Organization	were filed on $\frac{3/28/2}{2}$	2022	_ and assigned				
	document number 1.2200014	9979						
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 605.0707, Florida Statutes, (c	that resulted in the licopy 605.0707 on ba	imited liability company's diack cover letter).	ssolution pursuant to	section	on		
	The LLC is being dissolved pur							
				· · · · · · · · · · · · · · · · · · ·				
5.	If there are no members, enter the name and address of the person appointed to wind up the activities and affairs: $N/A$							
6. ab	Signature of an authorized poove to wind up the company	erson or if there are : s activities and affai	no members, the signature of rs:	the person appointe	d and	listed		
	oocusigned by: Lillip D Browsteatter							
	CAEBAEE7E70A4BC Signature		Phillip D. Bronsteatter Printed	Nama				
	aignatuie		rinica	ENAME				

FILING FEE: \$25.00