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(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJEC	Custom Content Solutions, LLC				
		ed Liability Company)			
	losed Articles of Dissolution and fee(s) are submit				
	Shelby Taylor				
(Name of Person)					
	Custom Content Solutions				
	(Firm/Company)				
	6820 SW 85th Terrace				
(Address)					
	Gainesville, FL 32608				
	(City/Sta	ate and Zip Code)			
or furth	ner information concerning this matter, please call	:			
	Shelby Taylor	317 5904460			
	(Name of Person)	at () (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:	Street Address:			
	Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	Custom Content Solutions	ity company is				
2.	The Articles of Organizatio	n were filed on Ap	ril 1, 2022	and assigned		
	document number 1.220001.	58148				
3.	(effective	date cannot be prior to this block does not m	of effective on the date of filing: or more than 90 days later than date d eet the applicable statutory filing re artment of State's records.	ocument is received for filing)		
1 .	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).					
	No longer pursuing additional	business opportunitie	es outside of primary occupation.	2021 TÀL		
	No longer pursuing additional	business opportunitie	s outside of primary occupation.	, ver		
	No longer pursuing additional b	business opportunitie	s outside of primary occupation.	· 6		
5.	If there are no members, en	ter the name and ad	Idress of the person appointed to	بر جو جو بر المحافظة		
	activities and affairs:	Shelby Taylor				
		6820 SW 85th Ter	тасе			
		Gainesville, FL 32	2608			
5. ab	Signature of an authorized pove to wind up the company	person or if there are	e no members, the signature of airs:	the person appointed and liste		
Shelby Taylor			Shelby Taylor			
Signature			Printed	Printed Name		

FILING FEE: \$25.00