

L22000176086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

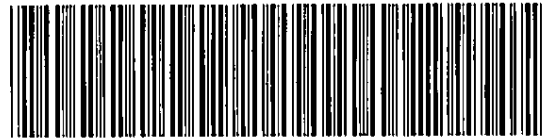
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

MAY 18 2023

Office Use Only



600404129956

03/15/23 - 01207-000 \$425.00

FILED
SECRETARY OF STATE
DEPT. OF CORPORATION
2023 MAR 15 PM 3:35

COVER LETTER

TO: Registration Section
Division of Corporations
Fortify Solutions LLC

SUBJECT: _____
(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:

Brent McFerran

(Name of Person)

Fortify Solutions LLC - President

(Firm/Company)

1415 SW 49TH STREET

(Address)

CAPE CORAL, FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Brent McFerran

317

710-4583

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Fortify Solutions LLC

2. The Articles of Organization were filed on 04/12/22 and assigned
document number L22000176086
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/22
(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).
Company never conducted business/operations.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Brent McFerran
1415 SW 49TH STREET CAPE CORAL, FL 33914

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

Brent McFerran

Printed Name

FILING FEE: \$25.00

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.

Fortify Solutions LLC

Name of Limited Liability Company: _____
L22000176086

Document number of Limited Liability Company is: _____
12/31/22

Date of dissolution was: _____

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

Company never conducted business/operations.

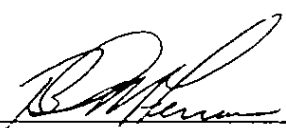
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1415 SW 49TH STREET CAPE CORAL, FL 33914

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.

Brent McFerran

Printed Name of the Person Filing



Signature of the Person Filing

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