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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	SE Complete Solutions LLC ECT:				
	(Name of Limited Liability Company)				
	solver all compressed and some raise this matter to the following.				
ricasc	ANATHUMENTIFEMENT A Phanso T Bush				
	(Name of Person)				
	(Firm/Company)				
	6170 CA Sterbridge Rd				
	(Address) Jacksonville, FL 32258				
	(City/State and Zip Code)				
For fur	ther information concerning this matter, please call:				
	Alphonso T Bush 904 909-9606 at (
	(Name of Person) (Area Code & Daytime Telephone Number)				
	and 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 SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia SPSESPMPLETE SOLUTION		_·
2. The Articles of Organizat	ion were filed on and assigned	
document number 1.2300	0366808	
Note: If the date inserted	the dissolution if not effective on the date of filing:	g) I not be
A description of occurrer 605.0707, Florida Statutes	ce that resulted in the limited liability company's dissolution pursuant to sec, (copy 605.0707 on back cover letter).	ction
	un the business as being necessary to profite?	
	ations without going into a deficit. N Inter the name and address of the person appointed to wind up the company Alphonso T Bush	
6	6170 Casterbridge Rd	
~ ;	Jacksonville, Fl. 32258	_
Signature of an authorize above to wind up the compa	d person or if there are no members, the signature of the person appointed any's activities and affairs:	— nd liste
Phones I Bus Signature	Alphonso T Bush 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.

Name of Limited Liability Company:	_
Document number of Limited Liability Company is:	_
Date of dissolution was:	
Description of information that must be included in a written claim:	
it's difficult to maintain operations without going into a deficit. This business was no. Profitable.	-
	7.3
	رن دی
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
CASTERBRIAGE Ed	
January Jacksonvile, FL 32258	
A claim against the above named limited liability company will be barred unless a proceeding to enforce telaim is commenced within 4 years after the filing of this notice.	he
A Monto T Bush 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