CSCL/CD-731 (Rev. 07/19)	9)	<u>}</u>
	GAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS PORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU	
Date Received	(FOR BUREAU USE ONLY)	
DEC 13 2019	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.  TranInfo:1 23942099-	The second secon
<sub>Name</sub> Dronography on tl	Chk#: 787 Amt: \$10 T0: 802162327	1.00
Address 8490 Alta Vista Di	Dr .	\$ *
City Pinckney, MI 4810	State ZIP Code EFFECTIVE DATE:	
Document v	t will be returned to the name and address you enter above. Solank, document will be returned to the registered office.	
		DEC 17 2019
	CERTIFICATE OF DISSOLUTION  For use by Limited Liability Companies  (Please read information and instructions on last page)	ADMINISTRATOR PORATIONS DIVISION
Pursuant to th Certificate of L	the provisions of Act 23, Public Acts of 1993, the undersigned limited liability company execute Dissolution:	s the following
	the limited liability company is:  e SolutionS LLC	
2. The identificat	ation number assigned by the Bureau is:  802162327	
upon the I	for the dissolution is: (check only one) happening of an event specified in the Articles of Organization or operating agreement.	
e apon unai		
4. (Complete on after receipt o	only if a later effective date other than the date of filing is desired. This date must be no more the of this document by the administrator.)	nan 90 days
This Certificate is	is hereby signed as required by Section 103 of the Act.	
· .	Signed this 10 day of December , 2019	
	By (Signature of Member, Manager, or Authorized Agent)	
ST	(Signature of Methody, Manager, or Authorized Agent)  Patrick Duffy	
	(Type or Print Name and Capacity)	