L09000032375

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Burch MAR 14 2014

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sindoris Consultants, LLC
(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:

Paul A. Sindoris
(Name of Person)

Sindoris Consultants, LLC.
(Firm/Company)

6206 36th Ct. E.
(Address)

Ellenton, FL 34222
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul A. Sindoris at ( 941 ) 306-9119
(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)

#542 $25.00 3-25-14

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

Sindoris Consultants, LLC

2. The Articles of Organization were filed on 6/12/2009 and assigned document number L09000032375

3. The delayed effective date the dissolution if not effective on the (date of filing) Dissolve for date of filing.

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).

Dissolving for lack of business and profit.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

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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

Printed Name

Paul A. Sindoris

**FILING FEE: $25.00**