

L15000 181395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

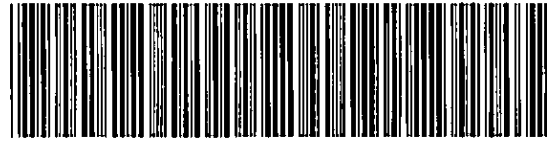
Special Instructions to Filing Officer:

John Roof Advised
NOT to include the
notice 5/14/20

(10)

Office Use Only

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genesis Business Consulting, 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:

John Roof
(Name of Person)
Genesis Business Consulting, LLC
(Firm/Company)
13825 Royston Bend
(Address)
Hudson, Florida 34669
(City/State and Zip Code)

For further information concerning this matter, please call:

John Roof at (630) 963-8884
(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

RECEIVED
MAY 01 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2020

JOHN ROOF
13825 ROYSTON BEND
HUDSON, FL 34669

SUBJECT: GENESIS BUSINESS CONSULTING, LLC
Ref. Number: L15000181395

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must include the name and address of the person appointed to wind up the company's activities and affairs.

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

The document must include a mailing address to which the claim may be sent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 120A00008143

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

2020/10/20 16:44:41
PH 4:41

1. The name of a limited liability company is
Genesis Business Consulting, LLC

2. The Articles of Organization were filed on 10/20/2015 and assigned
document number L15000181395

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
relocation

relocation

relocation

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

13825 Royston Bend

Hudson, Florida 34669

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

John Roof

Printed Name

FILING FEE: \$25.00