# #100000001779

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FILED
2014 JAN 17 PM 3: 03
SECRETARY OF STATE

K.SALY EXAMINER JAN 21 ZUIA

## **COVER LETTER**

Division of Corporations				
SUBJECT: Information Management Consultant Savuras LLC (Name of Minited Liability Company)				
(Name of Minited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Charles R. McClure (Name of Person)				
(				
InFormation Management Consultant Services (Firm/Company)				
7698 McClare Dr (Address)				
Tallahassae FL 32312 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
01 1 0 110-1				
Charles R MC Lure at (850) 907 5710  (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Te lephone 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1.	The name of a limited liability company is	2014 JAN 17 PM 3: 03		
	Information Management Consultant Services LLC	SFPRET - 1 FM 3: 03		
2.	The Articles of Organization were filed on Feb 16 2000 and assigned document number L00000001779	SECRETARY OF STATE FLORIDA		
3.	The delayed effective date the dissolution if not effective on the date of filing: Dec 30	,2013		
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 Officials deemed that there was inadequate business apportunities to continue				
5. If there are no members, enter the name and address of the person appointed to wind up the company's				
activities and affairs: Charles R. McClure				
	7698 McClure Dr. Tallahassee, FL 32312			
6. ab	Signature of an authorized person or if there are no members, the signature of the person appoor to wind up the company's activities and affairs:	ointed and listed		
	Signature Printed Name			
(	Charles R. McClure CHARLES R. MCCI	URE		

FILING FEE: \$25.00