L02000016140

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
. (Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations				
Richard Burt, CPA, LLC SUBJECT:				
(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:				
Richard Burt				
(Name of Person)				
(Firm/Company)				
325 Bonita Rd				
(Address)				
DeBary, F1, 32713				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Richard Burt	386 668-1436			
(Name of Person)	at () (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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314	Tallahassee, FL 32303			

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY LIMITED 17 AM 9: 08

1.	The name of a limited liability company is		
	Richard Burt, CPA LLC		
2.	The Articles of Organization were filed on $\frac{06/26/2002}{}$ and assigned		
	document number 1.02000016140		
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 tiling) 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).		
	Business ceased entirely		
	Business ceased entirely		
	Business ceased entirely		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:		
			
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	Richard L. Burt Signature Printed Name		
<	Signature Printed Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution $\frac{\text{SII}(\mathcal{M}_{i})}{2}$ At $g_{i,0}$

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: Richard Burt, CPA LLC	<u> </u>
Document number of Limited Liability Company is: L02000016140	
Date of dissolution was: 06/30/2021	
Description of information that must be included in a written claim:	
Complete details of claim; name, address, phone number, and e-mail of claim;	aimant; statutory grounds for claim;
other information reasonably necessary to establish the validity of the clair	n .
Mailing address where claims can be sent: (Claims cannot be sent to	the Division of Corporations)
	of the Division of Corporations,
Richard Burt	
325 Bonita Rd	
DeBary, FL 32713	
A claim against the above named limited liability company will be beclaim is commenced within 4 years after the filing of this notice.	barred unless a proceeding to enforce the
	1001-
Richard Burt	The Bow
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