

L030000012088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

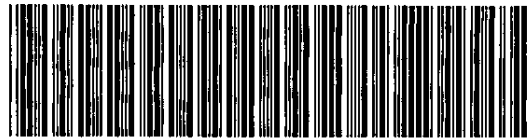
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

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05/01/14--01012--019 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY - 1 AM 10:07

FILED

MAY - 7 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOAN ANTOS 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:

Joan Antos

(Name of Person)

Joan Antos Consulting, LLC

(Firm/Company)

10710 NW 66th Street, #501

(Address)

Miami, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

Joan Antos

(Name of Person)

at (

315

(Area Code & Daytime Telephone Number)

247-7237

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

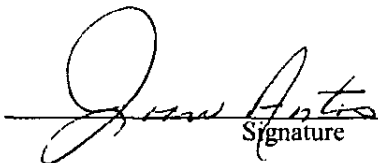
**STREET/COURIER ADDRESS:**

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

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

**FILED**  
14 MAY -1 AM 10:07  
CLERK OF DISTRICT COURT  
GALLAHUSSE, FLORIDA

1. The name of a limited liability company is  
Joan Antos Consulting, LLC
2. The Articles of Organization were filed on April 3, 2003 and assigned  
document number L03000012088
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)
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).  
Retirement of Joan Antos  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Joan Antos, 10710 NW 66th Street, #501, Miami, FL 33178  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Joan Antos

Printed Name

**FILING FEE: \$25.00**