# L05000075951

(F	Requestor's Name)			
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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04/12/21--01024--024 \*\*25.00



O SIMINION.

JUN 05 2021

### **COVER LETTER**

	Registration Section Division of Corporations	, **		
SUBJEC	Your College Advisor LLC			
(Name of Limited Liability Company)				
	osed Articles of Dissolution and fee(s) are submitt turn all correspondence concerning this matter to	-		
	Nell Stranburg			
	(Nan	ne of Person)		
	Your College Advisor, LLC			
	(Firm/Company)			
	409 Beard Street			
	(	Address)		
	Tallahassee, Florida 32303			
	(City/Sta	te and Zip Code)		
For furth	er information concerning this matter, please call:			
	Nell Stranburg	850 284-7424 at ( )		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed	is a check for the following amount:			
Ē	\$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	Street Address: Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited I Your College Advisor, L	, , ,	2012 APR 12 AH 8:51
2. The Articles of Organiz	zation were filed on 08/03/2005	and assigned
document number L050	000075951	
(eff <u>Note:</u> If the date inserte	late the dissolution if not effective of ective date cannot be prior to or more than 9 d in this block does not meet the applic effective date on the Department of Sta	00 days later than date document is received for filing) able statutory filing requirements, this date will not be
4. A description of occurr 605,0707, Florida Statu	ence that resulted in the limited liab	oility company's dissolution pursuant to section etter).
	of all members to dissolve corporation.	
	f all members to dissolve corporation.  s, enter the name and address of the Nell Stranburg	person appointed to wind up the company's
	409 Beard Street	
	Tallahassee, FL 32303	
6. Signature of an authori above to wind up the comp	zed person or if there are no member pany's activities and affairs:	ers, the signature of the person appointed and listed
nel mangue	Nell Nell	Stranburg
Signatu	td	Printed Name

**FILING FEE: \$25.00** 

## Notice of Limited Liability Company Dissolution 2022 APR 12 AM 8: 51

#### 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: Your College Advisor, I	LLC
Document number of Limited Liability Company is:	075951
Date of dissolution was: April 10, 2021	
Description of information that must be included in a writte	n claim:
The claim must include what was purchased, the amount in quest	ion, and the date purchased.
Any other claims must include: date of the event, persons involve	ed, and information detailing the amount claimed.
Mailing address where claims can be sent: (Claims cannot be	pe sent to the Division of Corporations)
Nell Stranbur	
409 Beard Street	
Tallahassee, FL 32303	
A claim against the above named limited liability company	will be berred unless a presenting to enforce the
claim is commenced within 4 years after the filing of this no	
Nell Stranburg	Well grandous
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