

LO5000084543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

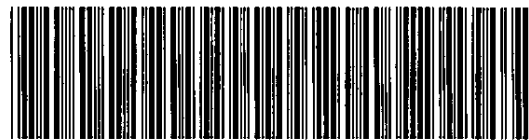
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAY 15 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 16 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D. Wilson Consulting Group, 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:

Deirdre D. Kyle

(Name of Person)

D. Wilson Consulting Group, LLC

(Firm/Company)

14816 Amelia View Drive

(Address)

Jacksonville, Florida 32226

(City/State and Zip Code)

For further information concerning this matter, please call:

Deirdre D. Kyle

(Name of Person)

904

at ()

757-9300

(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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2014

DEIRDRE D KYLE
14816 AMELIA VIEW DR
JACKSONVILLE, FL 32226

SUBJECT: D. WILSON CONSULTING GROUP, LLC
Ref. Number: L05000084543

We have received your document for D. WILSON CONSULTING GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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) 245-6051.

Tammy Hampton
Regulatory Specialist III


Letter Number: 714A00007961

Please apply the previous fee to this application.

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

1. The name of a limited liability company is
D. Wilson Consulting Group, LLC
2. The Articles of Organization were filed on August 25, 2005 and assigned
document number L05000084543
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).
The sole member, Deirdre D. Kyle, has chosen to dissolve the company to lack of
business.
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. 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

Deirdre D. Kyle

Printed Name

FILING FEE: \$25.00

2014 MAY 15 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED