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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: 6. L. C. CONSulting, L.L.C. (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: |
| KATHLEEN Pulice (Name of Person) |
| (Firm/Company) |
| • |
| 5552 Amoroso DRIVE (Address) FORT MYERS Florida 33919 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| For further information concerning this matter, please call: ATHLEEN Pulice at (239) 410-4742 The property of the propert |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & 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

| 1. The name of a limited liability company is G. L. C. CONSULTING, A | L.L.C. |
|--|--|
| 2. The Articles of Organization were filed on <u>08</u> , £060000 84565 | and assigned document number |
| 3. The date the dissolution was approved: | nited liability company's dissolution pursuant to section |
| DEATH OF MANAGIN | Ng PARTNER EUBENE A. |
| -OR-Adequate provision has been made for the 6. All remaining property and assets have been distributing in the control of th | e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to \$5,608.4421. buted among its members in accordance with their respective appropriate to \$5,000 and \$ |
| Signatures of the members having the same percentage of | of membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Lathlew Pulse | Wife of deceased |
| | MANAGEING PART NER |
| | CONTACT # 239-410-4743 |
| | |