

LO7000087170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

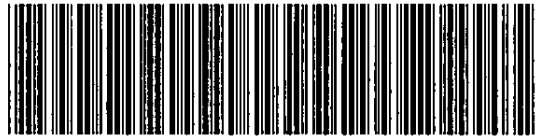
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100158547701

08/06/09--01024--023 **30.00

FILED
09 SEP -3 AM 10:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP - 3 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capitol Benefits Consulting, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie A. Watkins
(Name of Person)

(Firm/Company)

1407 NE 56th Ct.
(Address)

Fort Lauderdale, FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

Laurie A. Watkins at 954 663-4853
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2009

LAURIE A. WATKINS
1407 NE 56TH CT.
FORT LAUDERDALE, FL 33334

SUBJECT: CAPITOL BENEFITS CONSULTING, LLC
Ref. Number: L07000087170

We have received your document for CAPITOL BENEFITS CONSULTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 809A00027090

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

09 SEP -3 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

Capitol Benefits Consulting, LLC

2. The Articles of Organization were filed on 8/24/07 and assigned document number

LO7000087170

3. The date the dissolution was approved:

called on April 1st 2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

I no longer use this account anymore so I
need to close & dissolve the LLC.

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Laurie A. Watkins

Laurie A. Watkins