

LD 1000093185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

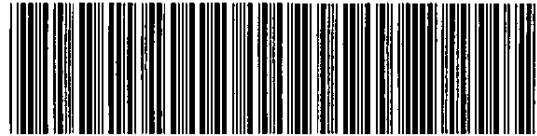
Special Instructions to Filing Officer:

L. SELLERS

JUN 16 2009

EXAMINER

Office Use Only



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06/02/09--01014--021 **30.00

FILED
09 JUN 15 AM 9:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oline 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:

Rosemary Albo

(Name of Person)

Oline Consulting LLC.

(Firm/Company)

2900 SW 4th Avenue

(Address)

Miami, FL 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

Rosemary Albo

(Name of Person)

at (305) 546 8898

(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

June 2, 2009

ROSEMARY ALBO
2900 SW 4TH AVENUE
MIAMI, FL 33129

SUBJECT: OLINE CONSULTING, LLC.
Ref. Number: L07000093185

We have received your document for OLINE 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):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 009A00018538

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

09 JUN 15 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

Oline Consulting, LLC

2. The Articles of Organization were filed on 8/17/2007 and assigned document number

L07000093185

3. The date the dissolution was approved: Oct 1, 2008

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).

Defeat it by others

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

[Signature]

Rosemary Albo

