

**L08000024381**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

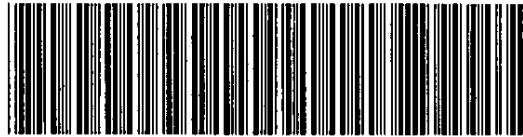
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/23/15--01046--007 \*\*25.00

**FILED**

15 MAY 11 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 11 2015  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Forecast Professional Services, 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:

Olina D. Castellvi, manager  
(Name of Person)

Forecast Professional Services, LLC  
(Firm/Company)

4710 N. Habana Avenue, Suite 307  
(Address)

Tampa, FL 33614  
(City/State and Zip Code)

For further information concerning this matter, please call:

Olina D. Castellvi at (813) 335-5094  
(Name of Person) (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 15, 2015

ALINA D CASTELLVI  
4710 N HABANA AVE  
STE 307  
TAMPA, FL 33614

SUBJECT: FORCAST PROFESSIONAL SERVICES, LLC  
Ref. Number: L08000024381

15 MAY 11 AM 10:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for FORCAST PROFESSIONAL SERVICES, 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):

The effective date must be specific and cannot be prior to the date of filing.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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: 315A00007463

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

1. The name of a limited liability company is

Forecast Professional Services, LLC

2. The Articles of Organization were filed on 3/7/08 and assigned

document number 26-2178098 L08060024381

3. The delayed effective date the dissolution if not effective on the date of filing: 3-20-15 dp  
(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).

No further business will be needed  
from Forecast Professional Services, LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Aline D. Castelli  
4710 N. Habana Avenue  
Suite 307  
Tampa, FL 33614

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:

A. Castelli  
Signature

Aline D. Castelli  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
15 MAY 11 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA