LOGOC	VA3770			
(Requestor's Name) (Address) (Address)	600195535716			
(City/State/Zip/Phone #)	05/04/1101005006 **25.00			
(Business Entity Name) (Document Number)	EFFECTIVE DATE 4/15/11			
Certified Copies Certificates of Status	11 APR 15 PM 3: 33			
Office Use Only				

B Tadiock MAY 0 4 2011



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2011

CROSSLINK CONSULTING, LLC % LISA WILEY 709 CLEMENT TOWN RD. POWHATAN, VA 23139 US

SUBJECT: CROSSLINK CONSULTING, LLC Ref. Number: L08000093770

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 511A00008000

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

April 15, 2011

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Fe1 # 26-3509107

RE: Crosslink Consulting, LLC Ref. Number L08000093770 Articles of Dissolution

In accordance of Articles of dissolution 608.445 the effective date of dissolution of Crosslink Consulting, LLC is April 15, 2011. s.608.441, the description of the occurrence resulting in the limited liability company's dissolution is due to moving out of the state of Florida, divorce, along with financial hardship.

It is a fact that all debts, obligations and liabilities of this limited liability company has been paid pursuant to s.608.4421. It is also a fact that all of the remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

It is also a fact that there are no suits pending against the c limited liability company in any court.

Should you have any questions, please contact me at 804-201-5032.

Sincerely,

Lisa C. Wiley 709 Clement Town Road Powhatan, VA 23139

Enclosed: Check for \$25 – fee for dissolution of Limited Liability Company

.

COVER LETTER

TO: **Registration Section** Division of Corporations

. . ' '

а,

SUBJECT:	Crosslink Consulting 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:

j<u>sa</u> (Name of Person

(Firm/Company) 709 Clement Town (Address) Powharm VI

City/State and Zip Code)

For further information concerning this matter, please call:

at $(\frac{504}{(\text{Area Code & Daytime Telephone Number})}$ ISA WILL (Name of Person)

Enclosed is a check for the following amount:



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

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• • •					1
	ARTICLE	S OF DISSOLU	J TION		3
	A LIMITED	FOR LIABILITY CO	OMPANY		= ×
1. The name of a limited	d liability company is	slink Co.	NSULTIN		APR 15
2. The Articles of Organi $\angle 0800093$	zation were filed on		-	assigned documen	PH CONTRACT
3. The date the dissolutio		4/15/2011			ω y
4. A description of occur 608.441, Florida Statu	rence that resulted in the tes, (copy 608.441 on ba	limited liability c ick cover letter).	ompany's dissolutio	on pursuant to sect	ion
\bigcirc	may and ou	14 OF S	toda	OR DAVE	<u>//</u>
6	Divorce		171C	FECTIVE HIV	\
A)	FiNANCIAL	HA-Jsh	v	<u>,</u>	
₽-OR-	gations and liabilities of vision has been made for v and assets have been di	the debts, obligat	ions and liabilities p	oursuant to s. 608.4	4421.
7. CHECK ONE:	uits pending against the	• • •			
Adequate proventered agains	vision has been made for t it in any pending suit.	the satisfaction of	f any judgment, ord	er or decree which	may be
. Effective Date	4/15/2011.	٨	•		
natures of the members h	aving the same percenta	ge of membership	interests necessary	to approve the dis	solution:
Signature	A		1 -	ed Name	
Lisi Wil		_	LISA	Willey	
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FILING FEE: \$25.00