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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Palma Consulting Group 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:				
Roberto A. Palma Osorio				
(Name of Person)				
Palma Consulting Group LLC				
	(Firm/Company) 1830 Radius Dr. Apt 1203			
1830 Radius Dr. Am 1703				
(Address)				
thallana at Ct. 22020				
Hollywood FL 33020 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Roberto A Palma Osorio	at (786 ) 5800260			
(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:	Street Address:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

	ARTICLES OF DISSOLUTION FOR	1 j	21
	A LIMITED LIABILITY COMPANY		1 666
1.	The name of a limited liability company is		2022 KUV 18
	Palma Consulting Group LLC		—· ".
2.	The Articles of Organization were filed on October 19, 2009 and assigned	(C)	
	document number <u>L09000100807</u>	-	U١
	The delayed effective date the dissolution if not effective on the date of filing: 11/11/2022 (effective date cannot be prior to or more than 90 days later than date document is received Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.	date wi	Il not be
4.	A description of occurrence that resulted in the limited liability company's dissolution pursual 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	nt to se	ction
	The members decide to dissolve the company due to the lack of business activity		
5.	If there are no members, enter the name and address of the person appointed to wind up the coactivities and affairs:	ompany	
			<del>-</del> -
6. ab	Signature of an authorized person or if there are no members, the signature of the person appoore to wind up the company's activities and affairs:	inted a	nd listed
	Roberto A. Palma Osorio	<del></del>	
	Signature Printed Name		

FILING FEE: \$25.00