

LO9 000 114 621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

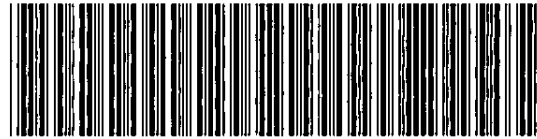
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
14 DEC 18 AM 11:11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 18 PM 1:55

DEC 19 2014
J. HARRIS

CSC

ACCOUNT NO. : I20000000195

REFERENCE : 391459 7738619

AUTHORIZATION :

COST LIMIT : \$ 25.00

[Signature]

ORDER DATE : November 24, 2014

ORDER TIME : 8:58 AM

ORDER NO. : 391459-010

CUSTOMER NO: 7738619

DOMESTIC FILINGS

NAME: TELITUS CONSULTING SERVICE,
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TELITUS CONSULTING SERVICE 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Francisco Jost Moraes at (425) 7380605
(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



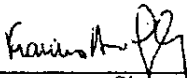
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
TELITUS CONSULTING SERVICE, LLC
2. The Articles of Organization were filed on 12-02-2009 and assigned
document number L09000114621
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

decided not to continue doing business

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

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:



Signature

Francisco Moraes

Printed Name

FILING FEE: \$25.00

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 18 PM 1:55**