

L10000019167

(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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FILED
17 MAY 22 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2017
J SHIVERS

May 11, 2017

Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Welbourne Consulting, LLC

To Whom It May Concern:

Enclosed with this letter please find the following:

1. Articles of Dissolution for the above referenced entity.
2. A check for \$25.00 for the Filing.
3. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely yours,

James Morris

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Welbourne 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:

James Morris

(Name of Person)

Anderson Registered Agents

(Firm/Company)

3225 McLeod Drive, Suite 100

(Address)

Las Vegas, Nevada 89121

(City/State and Zip Code)

For further information concerning this matter, please call:

James Morris

(Name of Person)

at (800) 706-4741

(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

Welbourne Consulting LLC

2. The Articles of Organization were filed on February 19, 2010 and assigned

document number L10000019167

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

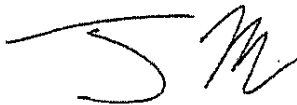
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

No longer engaging in business in Florida.

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

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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

James Morris

Printed Name

FILING FEE: \$25.00