LICIOUBATTSA

(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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01/27/16--01011--023 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDE

2016 JAN 27 P # 25

THIS SALE

COVER LETTER

TO:

For

Registration Section Division of Corporations

SUBJECT

Astle 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:

	(Name of Person)		
Astle Consulting	, LLC		
	(Firm/Company)		
10068 NW 16th	Rd		
(Address)			
Gainesville, FL 32606		2016 JAN SECRE PALLAH	
(City/State and Zip Code)		ARY SSE	
r information concerning this matter, please	call:	ס פון	
Elizabeth Astle	_{at} 352		
(Name of Person)		le & 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 liabile	ity company is		
Astle Consulting, LLC			
The Articles of Organization document number L1000009)	and assigned
	date cannot be prior to or more nis block does not meet the	than 90 days later than date do applicable statutory filing re	ocument is received for filing) quirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limite copy 605.0707 on back co	d liability company's dis	solution pursuant to section
This LLC is no longer operating	g. The principal owner is no	ow employed full time by a	competitor.
5. If there are no members, ent activities and affairs:		of the person appointed to W 16th Rd, Gainesville, FL	• • •
activities and arrans.	1		*****
			ZUB JAN 27 D SLERETARY OF ALLIAHASSEE, H
6. Signature of an authorized p listed above to wind up the con	erson or if there are no mapany's activities and affa	embers, the signature of airs:	the person appointed and
Clyaluth Os Signature	the	Elizabeth Astle Printed	Nomo
• Signature		Fruitea	Maine

FILING FEE: \$25.00