L11000064623

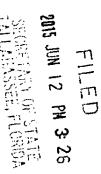
(Requestor's Name)					
·					
(Address)					
(riddicas)					
(Address)					
(City/State/Zip/Phone #)					
, , , , ,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
L11-64623					
(Document Number)					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500272339285

05/01/15--01006--003 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

CMV CONSULTING, LLC

SUBJECT:

(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:

OMAR CARMONA

(Name of Person)

MELENDEZ & CARMONA, PA

(Firm/Company)

1320 N SEMORAN BLVD., SUITE 107

(Address)

ORLANDO, FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

OMAR CARMONA

_,407

932-1650

(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



FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE

Privision of Corporations

RECEIVED

15 JUN 12 PM 3: 09

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE

Privision of Corporations

May 7, 2015

OMAR CARMONA MELENDEZ & CARMONA PA 1320 N SEMORAN BLVD. SUITE 107 ORLANDO, FL 32807

SUBJECT: CMV CONSULTING, LLC

Ref. Number: L11000064623

We have received your document for CMV CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nevsa Culligan Regulatory Specialist II

Letter Number: 015A00009541

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2015 JUN 12 PM 3: 26

SECKETARY OF STATE TALLAHASSEE, FLORIDA

1.	The name of a limited liability comp	any is		TALLAHASSEE, FI
	CMV Consultino),LLC		· · · · · · · · · · · · · · · · · · ·
2.	The Articles of Organization were fi	iled on <u>J(</u>	ne 02,20	and assigned
	document number <u>L1100</u>	0064623	5	5/1/15
3.	The delayed effective date the disso (effective date cann Note: If the date inserted in this block listed as the document's effective date	ot be prior to or m does not meet th	ore than 90 days later ne applicable statuto	of filing: than date document is received for filing) ry filing requirements, this date will not be
4.	A description of occurrence that resides.0707, Florida Statutes, (copy 60			any's dissolution pursuant to section
	100 000000 11000		•	
5.	If there are no members, enter the na activities and affairs:		ss of the person ap	pointed to wind up the company's
	 .	12036	hazetan	Lane
		Orland	6, FL, 328	327
6. lis	Signature of an authorized person of ted above to wind up the company's	r if there are no activities and a	members, the sig	nature of the person appointed and
(An C	7	Carlos	Melerder
	Signature_			Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CMV CONSULTING, LLC	
Document number of Limited Liability Company is: L11000064623	
Date of dissolution was: 5/1/2015	
Description of information that must be included in a written claim:	
AMOUNT, ORIGIN AND PAYMENT INFORMATION	<u>NC</u>
	SSS AND
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	OF STATE EL FLORIDA
1320 N SEMORAN BLVD SUITE 107	
ORLANDO FL 32807	
A claim against the above named limited liability company will be barred unless a proceeding to enclaim is commenced within 4 years after the filing of this notice.	orce the
Carlos Meladez Signature of the Person Filing	<u> </u>

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00