

L11000096665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

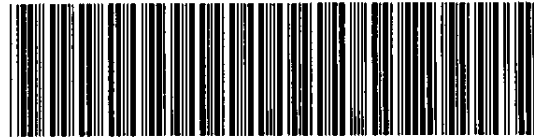
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JUN 13 PM 3:24

JUN 14 2016  
J. HARRIS

FILED  
16 JUN 13 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

CSI WMBE SERVICES, LLC

L11000096665

☐ Nonprofit

☐ Foreign

☐ Limited Partnership

☐ LLC

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

Name

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

☐ Amendment

☒ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Call If Problem

☐ Will Wait

6/13/2016

KM

☐ Merger

☐ Mark

☐ Other

☐ UCC

☐ CUS

☐ After 4:30

☒ Pick Up

Order#:

10048680

Ref#:

Amount: \$

ARTICLES OF DISSOLUTION  
FOR  
**CSI WMBE SERVICES, LLC**  
A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: **CSI WMBE SERVICES, LLC.**
2. The date dissolution was approved: June 9, 2016.
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0701, Florida Statutes: all the members have unanimously agreed in writing to dissolve the company.

Signatures of the members having the same percentage of membership interests as necessary to approve the dissolution (all members of CSI WMBE Services, LLC. signing):

**MEMBERS:**

By: \_\_\_\_\_

ANESSA E. DUNGEY

STATE OF FLORIDA )

COUNTY OF LEON )

These Articles of Dissolution were signed and acknowledged before me on this 9th day of June, 2016 by ANESSA E. DUNGEY, who is personally known to me.

Sarah Horton  
Notary Public

My Commission Expires: May 9, 2019



By: \_\_\_\_\_

CSI IT, LLC, by JOSEPH BENDIX, as the President and Chief Executive Officer of CONSULTING SOLUTIONS INTERNATIONAL, INC. (majority and controlling member of CSI IT, LLC) and also as the authorized and managing member of CSI IT, LLC (a Florida limited liability company)

STATE OF FLORIDA )

COUNTY OF LEON )

This instrument was acknowledged before me for the purposes set forth on this 9th day of June, 2016 by JOSEPH BENDIX (personally known to me) in his capacities above stated for and on behalf of CSI IT, LLC

Sarah Horton  
Notary Public

My Commission Expires: May 9, 2019



FILED  
16 JUN 13 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA