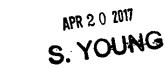
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(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

B & B BECK 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:

WILLIAM R. HUSEMAN, ESQ.

(Name of Person)

WILLIAM R. HUSEMAN, P.A.

(Firm/Company)

9310 OLD KINGS ROAD SOUTH, STE. 701

(Address)

JACKSONVILLE, FL 32257

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM R. HUSEMAN

..904

448-5552

(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

SECRETARY OF STATE
FLORIDA
TA APR 19 PH 3: 40

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited liability company B & &BECK CONSULTING, LLC	is
. The Articles of Organization were filed o	n NOVEMBER 29, 2011 and assigned
document number L11000134498	
(encenve date cannot be p	n if not effective on the date of filing: MARCH 29, 2017 prior to or more than 90 days later than date document is received for filing) not meet the applicable statutory filing requirements, this date will not applicable statutory filing requirements.
A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.0707)	in the limited liability company's dissolution pursuant to section 7 on back cover letter).
NEW COMPANY HAS BEEN FORMED	
If there are no members, enter the name an	nd address of the person appointed to wind up the company's
activities and affairs:	
•	
Signature of an authorized person or if ther ed above to wind up the company's activiti	re are no members, the signature of the person appointed and les and affairs:
BLBD	BRIAN BECK
Signature	Printed Name

FILING FEE: \$25.00