

L11 000 137477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
14 FEB 18 PM 01:03  
FEB 18 2014

J. Stivers FEB 20 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONSUMER SERVICES AMERICA, 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:

MICHAEL DIMAURO

(Name of Person)

(Firm/Company)

159 NEW DORP PLAZA

(Address)

STATEN ISLAND, NY 10306

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL DIMAURO

(Name of Person)

at ( 718 ) 351-7747

(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:**

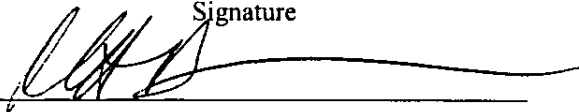
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
CONSUMER SERVICES AMERICA, LLC
2. The Articles of Organization were filed on 12/06/2011 and assigned  
document number L11000137477
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_
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).  
OPERATING LICENSE EXPIRED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Michael DiMauro  
159 New Dorp Plaza  
Staten Island, NY 10306  
\_\_\_\_\_
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

Printed Name



Michael DiMauro

**FILING FEE: \$25.00**

14 FEB 18 10 01 AM  
TALLAHASSEE, FLORIDA