

41000143832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

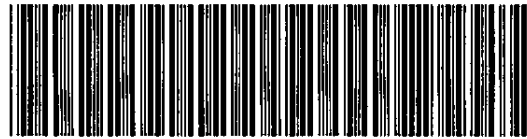
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600256338396

02/10/14--01018--014 **55.00

FILED
2014 FEB 11 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 12 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LDK Consulting
(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:

Lisa Kinsell

(Name of Person)

LDK Consulting

(Firm/Company)

PO Box 358080

(Address)

Gainesville, FL 32635

(City/State and Zip Code)

FILED
2014 FEB 11 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lisa Kinsell

(Name of Person)

at (352) 373-8466

(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

LDK

2. The Articles of Organization were filed on 12/27/11 and assigned
document number L11000143832

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).

No further Business is being conducted through or with LDK Consulting

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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



Lisa R Kinsell

FILING FEE: \$25.00

2014 FEB 11 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED