L12000027449

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K.SALY EXAMINER

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Jacqueline L. Williams PhD, LMFT
(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:

Jacqueline Williams
(Name of Person)
Jacqueline Williams, PhD, LMFT
(Firm/Company)
3599 W Lake many Blod Suite B
(Address)
Jake Mary, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Williams at 40, 956-5773

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY The name of a limited liability company is Sacqueline Williams, Ph.D., Long F.T. Allegan 1, Ph. 12, 36 The Articles of Organization were filed on 2-27-17 and assigned document number L1200027449 The delayed effective date the dissolution if not effective on the date of filing. Note: If the date inserted in this block does not meet then 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Peparament of State's records. 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). Thad Children and Can no longer work in order to stay home to raise My children. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Tacqueline Williams Signature of an authorized person or if there are no members, the signature of the person appointed and end above to wind up the company's activities and affairs: Printed Name FILING FEE: \$25.00					
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