Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL

Account Number : I20110000049 Phone : (305)501-4680 Fax Number : (305)359-9543

LLC DISSOLUTION OR WITHDRAWAL BLACKSTONE CONSULTING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	BLACKSTONE CONSULTING SERVI	CES. LLC			
	(Name of Limited Liability Company)				
The en	closed Articles of Dissolution and fee(s) are sub	omitted for filing.			
Pleasc	return all correspondence concerning this matter	r to the following:			
	Erika Kitaoka da Silva				
		Name of Person)			
	Barbosa Lugał	,			
		(Firm/Company)			
	407 Lincoln Rd PH-NE				
		(Address)			
	Miami Beach, FL 33139				
	(City	:/State and Zip Code)			
For fur	ther information concerning this matter, please of	call:			
	Edwin Cisneros	305 501-4680			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed is a check for the following amount:				
<u> </u>	S25.00 Filing Fee and Certificate of Dissolution	☐ \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	Mailing Address:	Street Address:			
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

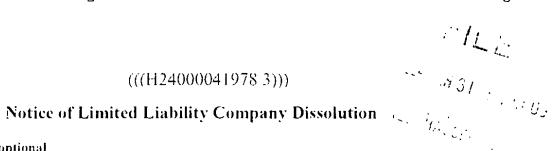
(((H24000041978 3)))

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2. The Articles of Organization were filed on $\frac{\ell}{2}$	and assigned
document number L12000060114	
3. The delayed effective date the dissolution if teffective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the Do	to or more than 90 days later than date document is received for filing) meet the applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted in t 605.0707. Florida Statutes, (copy 605.0707 o	the limited liability company's dissolution pursuant to section on back cover letter).
ALL MEMBERS CONSENTS AND APPROVE	S TO THE DISSOLUTION OF THE COMPANY
5. If there are no members, enter the name and activities and affairs:	address of the person appointed to wind up the company's
6. Signature of an authorized person or if there above to wind up the company's activities and a	are no members, the signature of the person appointed and listenffairs:
J. Stancings Joseph Signature	LUIZ CLAUDIO REZENDE CORREA
Signature	Printed Name

FILING FEE: \$25.00



NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

A claim against the above named limited liability companional in is commenced within 4 years after the filing of this Edwin Cisneros Printed Name of the Person Filing	
407 LINCOLN RD PH-NE MIAMI BEACH, FL 331.	39
Mailing address where claims can be sent: (Claims canno	the sent to the Division of Corporations)
allegations.	
Claim must be in writing and state the name and contact inform	nation of the party making the claim and detailed
·	
Description of information that must be included in a writ	ten claim:
Date of dissolution was:	
Document number of Limited Liability Company is:	00060114
I.120	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00