# L12000110870

(Requestor's Name)		
(Address)		
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(Modress)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Entity Name)		
(Document Number)		
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2024 OCT 21 PH 12: 22
THATTANIAS SEE FLORIDA

## **COVER LETTER**

Divi	sion of Corporations		
SUBJECT:	CONSTANCE	HUMPHREY	CONSULTING
	(Name of Lin	nited Liability Company)	

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

TO:

Registration Section

Please return all correspondence concerning this matter to the following:

CONSTANCE HUMPHREY

(Name of Person)

CONSTANCE HUMPHREY LLC

(Firm/Company)

841 POIN SETTA DR.

(Address)

INDIAN HARBOUR BEACH FL 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE HUMPHRE (931) 267-6270
(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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	CONSTANCE HUMPHREY CONSULTING L
2.	The Articles of Organization were filed on August 28, 2012 and assigned
	document number <u>L12000110870</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 100,000, 100, 100, 100, 100, 100, 100,
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).
	RETIREMENT EST
	ASST 21
	PHIE: 22
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: CONSTANCE HUMPHREY
	841 POINSETTA DR.
	INDIAN HARBOUR BEACH
	FLORIDA 32937
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
1	sustance Humphrey CONSTANCEHUMPARES

FILING FEE: \$25.00