42000 154750

(Re	equestor's Name)				
(Ac	ddress)				
(Address)					
(Ci	ity/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status	š			
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COVER EETTER

Divisi	on of Corporations					
J SUB JEC T:	udd Consulting Services, LLC					
	(Name of Limite	d Liability Company)				
771 L 1 A		10. 60				
i ne enciosed A	articles of Dissolution and fee(s) are submitted	ed for filing.				
Please return al	Il correspondence concerning this matter to t	he following:				
	Stephanie W. Judd					
(Name of Person)						
	Judd Consulting Services, LLC					
(Firm/Company)						
	535 Padua Circle, NE					
(Address)						
	St. Petersburg, FL 33703-3119					
	(City/Star	e and Zip Code)				
For further info	ormation concerning this matter, please call:					
Stephanie W. Judd		727 439-0645				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a che	eck 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:	STREET/COURIER ADDRESS:				
Registration Section		Registration Section				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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 Judd Consulting Service			·				
2.	The Articles of Organization	were filed on Janua	ry 4, 2013	and assigned				
	document number L12000	154750						
3.	The delayed effective date the deflective date the delayed effective date t	ne dissolution if not eff date cannot be prior to or m	Cective on the date of filing ore than 90 days later than date of	January 4, 2015				
4.	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). Lack of on-going business.							
	Lack of on-going busine							
								
5.	If there are no members, ent	er the name and addres	ss of the person appointed	to wind up the company's				
	activities and affairs:	Chambania 18/ Judd						
		535 Padua Circle,	NE	15 SEC TALL				
		St. Petersburg, Fl	_ 33703-3119	JAN -				
6. lis	Signature of an authorized pated above to wind up the con	erson or if there are no npany's activities and a	members, the signature of	f the person appointed and				
_	8-9·7=		Stephanie W. Judd	-				
\nearrow	Signature (X Lead	Printed					

FILING FEE: \$25.00