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COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: STEVAN LIPSON CONSULTING, LLC				
(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:				
STEVAN LIPSON				
(Name of Person)				
STEVAN LIPSON CONSULTING, LLC				
(Firm/Company)				
222 COCONUT KEY DRIVE				
(Address)				
PALM BEACH GARDENS, FL 33418				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
STEVAN LIPSON at (561) 626-7668 (Name of Person) (Area Code & Daytime Telephone Number)				
(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: STREET/COURIER ADDRESS:				

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabil	ity company is		
STEVAN L	PSON CONSUL	-IING, LLC	
		/12 and assigned	
document number L \ 2	000159471		
Note: If the date inserted in t	he dissolution if not effective date cannot be prior to or more that his block does not meet the apputive date on the Department of the date of the da	e on the date of filing: ANY DATE IS FINAL 18 PORTE IS FINAL 190 days later than date document is received for filing) licable statutory filing requirements, this date will not be State's records.	7€ 1e
. A description of occurrence	that resulted in the limited I copy 605.0707 on back cove	iability company's dissolution pursuant to section	
	* *	LLC IS BEING DISSOLUTED	
		555 HAS CEASED.	
i. If there are no members, en activities and affairs:	ter the name and address of t	he person appointed to wind up the company's やちのわ	
	222 coco	nut key drine	
	PALM BEAG	H GARDENS, FL 33418	
		D 2)
Signature of an authorized pisted above to wind up the cor	person or if there are no mem npany's activities and affairs	bers, the signature of the person appointed and =:	5 97 97
Itevan x	y . y Hon	STEVAN LIPSON	
Signature		Printed Name	R. Sign

FILING FEE: \$25.00