

L13 000000 0170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

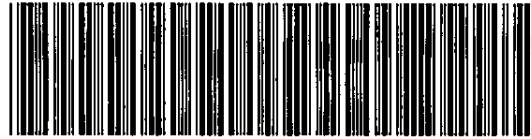
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/17/14--01002--021 **25.00

16 MAR 17 PM 12:13
STATE
TALLAHASSEE, FLORIDA

J. Silvers MAR 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CONSULTANCY 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:

DAVID COHEN

(Name of Person)

(Firm/Company)

7994 FAIRWAY LANE

(Address)

WEST PALM BEACH, FL 33412-2411

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID COHEN

(Name of Person)

561

345-3421

at ()

(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

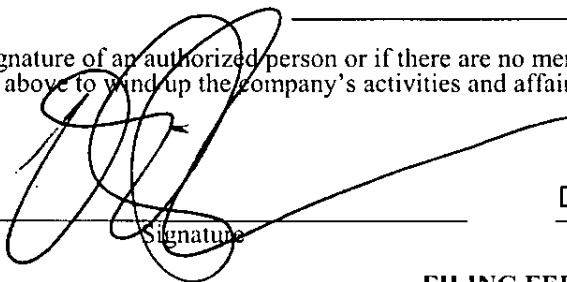
STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
THE CONSULTANCY LLC
2. The Articles of Organization were filed on 12/28/13 and assigned
document number L13000000170
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
BUSINESS DISCONTINUED AS OF 12/31/13.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: DAVID COHEN
7994 FAIRWAY LANE
WEST PALM BEACH, FL 33412-2411
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature

DAVID COHEN

Printed Name

FILING FEE: \$25.00

FILED
TALLAHASSEE, FLORIDA
14 FEB 17 PM 12:13