#L130000000784

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Oestinoates of Status
Special Instructions to Filing Officer:
epoder instructions to 1 ming emocr.
,
·

Office Use Only



700269033547

02/03/15--01009--011 **55.00

2015 FEB -3 PH 3: 00
SEVELTARY OF STATE
SEVELTARY OF STATE

K.SALY EXAMINER FEB 1 8 2015

COVER LETTER

ro:	Registration Section Division of Corporations						
SUBJE	Addison Road Consulting, LLC						
3CD3E		Liability Company)					
The enc	closed Articles of Dissolution and fee(s) are submitted	i for filing.					
Please r	return all correspondence concerning this matter to the	e following:					
	Sarah Even Mulcahy						
	(Name	of Person)					
	Addison Road Consulting, LLC						
(Firm/Company)							
	900 SW 5th Place						
	(Ad	ddress)					
Fort Lauderdale, FL 33312							
	(City/State	and Zip Code)					
For furt	ther information concerning this matter, please call:						
	Sarah Even Mulcahy	954 648-0635					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed	d 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		Registration Section Division of Corporations					
	Division of Corporations P.O. Box 6327	Clifton Building					
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2015 FEB -3 PM 3: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIO!

1.	The name of a limited liabi	lity company is			-3	PM 3			
	Addison Road Consult	ing, LLC			GEORETARY TALLAHASSEE	DE STA			
2.	The Articles of Organization	on were filed on Jan	uary 2,2013	and	d assigned	. FLOR			
	document number L13000	0000784							
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 605.0707, Florida Statutes,	e that resulted in the (copy 605.0707 on b	limited liability com ack cover letter).	ıpany's dissolu	ition pursuant to s	section			
	Bosiner N	emo toolc	, of c		,				
									
5.	If there are no members, en	ter the name and add	lress of the person a	ppointed to wi	nd up the compar	 nv's			
	activities and affairs:	Sarah Even Mulcahy							
		900 SW 5th Place							
		Fort Lauderdale, FL 33312							
6. list	Signature of an authorized pated above to wind up the con	person or if there are mpany's activities an	no members, the sign affairs:	gnature of the	person appointed	and			
	Sarahlven 1	Neclarky	Sorah	Even D	Nolrahu				
	Signature	7		Printed Nan	ne				

FILING FEE: \$25.00