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(Re	questor's Name)	
(Ad	dress)	·
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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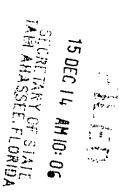
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DEC 1 5 2015 J SHIVERS

COVER LETTER

TO:

Registration Section Division of Corporations

Leading Americas 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:

Frank S Lin (Name of Person) **Leading Americas Consulting LLC** 15800 Pines Blvd Suite 3083 Pembroke Pines, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank S Lin

281-8916

STORY OF FREE CO.

(Name of Person)

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	ompany is
Leading Americas Consulting LL	
2. The Articles of Organization w	re filed on and assigned
document number L130000531)
Note: If the date inserted in this	issolution if not effective on the date of filing: 12/31/2015 cannot be prior to or more than 90 days later than date document is received for filing) lock does not meet the applicable statutory filing requirements, this date will not b date on the Department of State's records.
4. A description of occurrence the 605.0707, Florida Statutes, (co	resulted in the limited liability company's dissolution pursuant to section 605.0707 on back cover letter).
Termination of business contracts	rith current customers and by consent of sole managing member, Frank S Lin
5. If there are no members, enter	ne name and address of the person appointed to wind up the company's
activities and affairs:	
_	- SS - F
_	IO: OG
6. Signature of an authorized persolisted above to wind up the compa	on or if there are no members, the signature of the person appointed and y's activities and affairs:
O	
trak det	Frank S Lin
Signature	Printed Name

FILING FEE: \$25.00