

L13000076867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

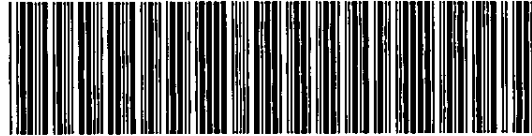
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900277341119

09/28/15--01005--015 \*\*25.00

FILED

2015 SEP 28 A 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 29 2015  
O BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L.T.A.D. 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:

Alex Ortiz, CPA

(Name of Person)

Suarez, Ortiz & Vega, CPA's, PL

(Firm/Company)

354 Sevilla Ave

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Ortiz, CPA

(Name of Person)

at 305 448-5255  
(Area Code & Daytime Telephone Number)

2015 SEP 28 A 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

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

L.T.A.D. Consulting LLC

2. The Articles of Organization were filed on 05/28/2013 and assigned

document number L13000076867

3. The delayed effective date the dissolution if not effective on the date of filing: 08/24/2015

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

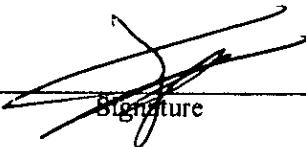
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

(c) Unless otherwise provided in the articles of organization or operating agreement, upon the the written

consent of all of the members of the limited liability company

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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:

X  \_\_\_\_\_  
Signature

X FAGES PAUL \_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
2015 SEP 28 A 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA