

L13000096612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

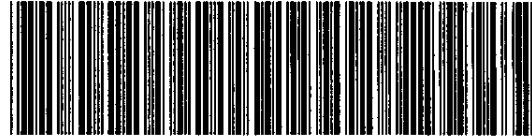
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAR 12 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCW Consultants 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:

Lisa C Walkup

(Name of Person)

LCW Consultants LLC

(Firm/Company)

4730 West Blvd

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa C Walkup

239

571-0073

at (_____) _____

(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:

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

LCW Consultants LLC

2. The Articles of Organization were filed on 7/8/2013 and assigned

document number L13000096612

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)

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).

Business is inactive, owner accepted full time employment

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

Lisa C Walkup

4730 West Blvd

Naples, Fl 34103

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:

Lisa C Walkup
Signature

Lisa C Walkup
Printed Name

FILING FEE: \$25.00

2010 MAR 12 PM 2:57
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA