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2017 FEB 27 A 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

FEB 28 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: Carlos J Fernandez CPA PLL  
(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:**

Charles J. FERNANDEZ  
(Name of Person)

(Name of Person)

(Firm/Company)

615 Harbor Circle

(Address)

Koy Biscay NE FL 33149

(City/State and Zip Code)

**For further information concerning this matter, please call:**

Charles J Fernandez at (305) 318-2870  
(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

Carlos J. Fernandez CPA PL

2. The Articles of Organization were filed on 08/27/2013 and assigned

document number 46-3515909

3. The delayed effective date the dissolution if not effective on the date of filing: ON 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).

Retirement of Principal

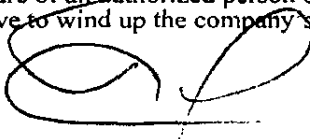
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Charles J. Fernandez

615 Harbor Circle

Key Biscayne, FL 33149

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

Charles J Fernandez

Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 AUG 27 AM 10:00

**FILED**