

L13000127306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 APR 14 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAMPTON & ASSOCIATES 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:

Temika L. Hampton

(Name of Person)

Temika L Hampton Law, PLLC

(Firm/Company)

P.O. Box 617668

(Address)

Orlando, FL 32861

(City/State and Zip Code)

For further information concerning this matter, please call:

Temika L. Hampton

(Name of Person)

904

364-7291

at (

(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
HAMPTON & ASSOCIATES CONSULTING, LLC
2. The Articles of Organization were filed on September 9, 2013 and assigned
document number L13000127306
3. The delayed effective date the dissolution if not effective on the date of filing: April 29, 2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
MGRM Temika L. Hampton decided to dissolve the business due to lack of profit.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Temika L. Hampton
P.O. Box 6176678
Orlando, FL 32861
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

Temika L. Hampton

Printed Name _____

FILING FEE: \$25.00

2014 APR 14 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: HAMPTON & ASSOCIATES CONSULTING, LLC

Document number of Limited Liability Company is: L13000127306

Date of dissolution was: April 28, 2014
14

Description of information that must be included in a written claim:

Claim must include date and time of service and all fees paid.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Temika L. Hampton

P.O. Box 617668

Orlando, FL 32861

FILED
2014 APR 14 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Temika L. Hampton

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00