L17000 175878

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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COVER LETTER

TO:

Registration Section Division of Corporations

SPHRME GREEN ENEGY CONSULTANTS, LLC

SUBJECT:

(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:

Rita Ellison

(Name of Person)

SPHRME Green Energy Consultants, LLC

(Firm/Company)

15757 Pines Blvd, Suite 30

(Address)

Pembroke Pines, FL 33027-1220

(City/State and Zip Code)

For further information concerning this matter, please call:

Rita Ellison

.305

437-2160

(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 SPHRME Green Energy Consultants, LLC.			
	The Articles of Organization were filed on OC+ 3, 2013 and assigned document number L13000139878			
3.	The delayed effective date the	date the dissolution if not effective on the date of filing: Feb 4, 2014 or Date of Filling		
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). The business is unprofitable.			
5.	If there are no members, ent activities and affairs:	er the name and address of the person appointed to wind up the company's Rita Ellison		
15		15757 Pines Blvd. Suite 30		
		Pembroke Pines, FL 33027-1220		
6. ab	Signature of an authorized pove to wind up the company'	erson or if there are no members, the signature of the person appointed and listed s activities and affairs:		
	Signature	Printed Name		
j	Lita Elli	ion Rita Ellison		
	1	ELLING DEED, 625 00		