

L130001413133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

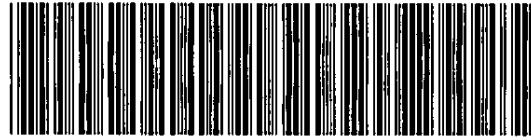
(Document Number)

Certified Copies _____

Certificates of Status _____

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2014 NOV 12 AM 11:52
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

NOV 19 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G J Zito 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:

Gerald Zito

(Name of Person)

Personal

(Firm/Company)

85 Bluebird Lane

(Address)

Ormond Beach, Fla. 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald Zito

(Name of Person)

386

214-2945

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

FILED
2014 NOV 12 AM 11:52
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

G J Zito Consulting LLC

2. The Articles of Organization were filed on 10/15/2013 and assigned

document number 46-3866477

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)

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).

Insufficient business income

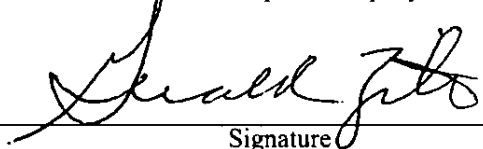
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

Gerald Zito

85 Bluebird lane

Ormond Beach, Fla. 32174

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

Gerald Zito

Printed Name

FILING FEE: \$25.00

2014 NOV 12 AM 11:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED