

L14 0000 12350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

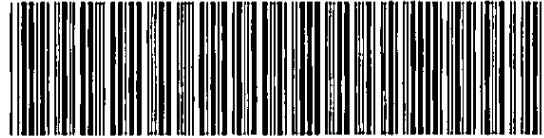
(Document Number)

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10/11/19--01019--014 **30.00

10/11/19 09:52:27

RECEIVED
10/11/19 09:52:27

Dissolution/w/notice

10

10/11/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OP CONSULTANTS LLC

DOCUMENT NUMBER: L14000012350

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK PAYTON

(Name of Contact Person)

OP CONSULTANTS LLC

(Firm/Company)

P O BOX 731135

(Address)

ORMOND BEACH, FL 32173-1135

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK PAYTON

(Name of Contact Person)

at (386)

(Area Code)

677-2707

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee.

Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2019

FRANK PAYTON
OP CONSULTANTS LLC
PO BOX 731135
ORMOND BEACH, FL 32173-1135

SUBJECT: OP CONSULTANTS LLC
Ref. Number: L14000012350

We have received your document for OP CONSULTANTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 919A00022446

NOV 1 2 2019

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

OP CONSULTANTS LLC

2. The Articles of Organization were filed on 1/23/2014 and assigned

document number L 14000012350

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).

LIQUIDATION OF ALL ASSETS AND LIABILITIES

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

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:

Frank W Payton
Signature

FRANK W. PAYTON
Printed Name

FILING FEE: \$25.00

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: OP CONSULTANTS LLC

Document number of Limited Liability Company is: L 14000012350

Date of dissolution was: 10/01/2019

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

CLEAR DESCRIPTION OF CLAIM INCLUDING: DATE EVENT
OCCURRED AND ANY DOCUMENTATION TO SUPPORT THE
CLAIM. INCLUDE CONTACT PERSON AND CONTACT
PHONE #'S, EMAIL OR MAIL (US POSTAL)

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

FRANK W. PAYTON
PO BOX 731135
ORMOND BEACH, FL 32173-1135

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.

FRANK W PAYTON

Printed Name of the Person Filing

Frank W Payton

Signature of the Person Filing