## L1400012924

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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## COVER LETTER

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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) For further information concerning this matter, please call: 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: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2015

KIMBERLY A SHEFFIELD 380 S. NEWCOMBE STREET LAKEWOOD, CO 80226

SUBJECT: BIZTIPS CONSULTING, LLC

Ref. Number: L14000012924

We have received your document for BIZTIPS CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 915A00008494

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2015 MAY 26 PN 12: 26

1.	The name of a limited liability company is  BIZTIPS CONSULTING, LLC  SECRETARY OF STATE TALLAHASSEE, FLORIDA
2.	The Articles of Organization were filed on $1/23/14$ and assigned document number $1/400002924$ (Fed EIV 46-4630105)
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)
į	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).  Voluntary distribution. I was in a head—  on collision on glisty and have both  unuble to conduct buseness. I was  Severy injuried and am still recovering.  If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Nomberty Sheffield  380 S. New Combe St.  Lakeward, Co 80226
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Juniber A Sheffield Printer Name A Sheffield

**FILING FEE: \$25.00**