

L14 0000 71213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

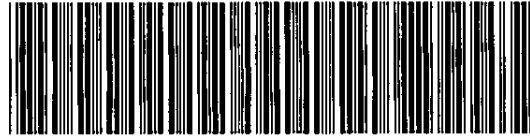
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 12 PM 1:44

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J. BEVINS FEB 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solutions Counseling Services of Florida, 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:

Carisia Roman
(Name of Person)

Solutions Counseling Services of Florida
(Firm/Company)

3333 NE 34 St. #303
(Address)

FL; FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Carisia Roman at (954) 554 4141
(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
Solutions Counseling Services of Florida LLC
2. The Articles of Organization were filed on 2/20/2014 and assigned
document number L14000031213
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).
NOT IN LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Carsia Roman
3333 NE 34 St #303
FL, FL 33308

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Carsia Roman
Printed Name

FILING FEE: \$25.00