

L140000 33567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

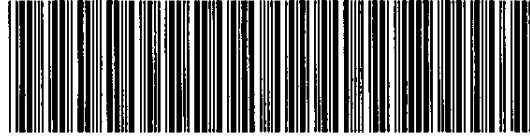
(Business Entity Name)

(Document Number)

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15 MAR 25 AM 8:59
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

J. Stivers APR 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tami GAYIKIAN 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:

Tami GAYIKIAN

(Name of Person)

(Firm/Company)

PO Box 33355

(Address)

Indialantic, FL 32903

(City/State and Zip Code)

For further information concerning this matter, please call:

Tami GAYIKIAN

(Name of Person)

at (954) 288-8264

(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

Tami Gayikian Consulting LLC

2. The Articles of Organization were filed on 2/26/14 and assigned

document number L14000033563

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

Closing business / not active business

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

Tami GAYIKIAN

PO Box 33355

Indiantonic, FL 32903

15 MAR 25 AM 8:59

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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:

Tami Gayikian
Signature

Tami Gayikian
Printed Name

FILING FEE: \$25.00