

C 14 0000 48492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

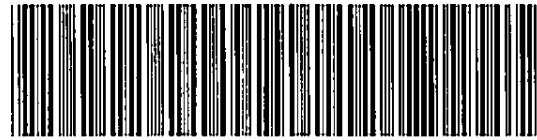
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/28/17--01020--024 **25.00

12-28-17
17 DEC 28 AM 7:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRV 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:

Cynthia Rogers Vallery
(Name of Person)

CRV Consulting LLC
(Firm/Company)

2545 Hendricks Ave
(Address)

Jacksonville FL 32207
(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Vallery at (904) 568-5580
(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

CRV Consulting LLC

2. The Articles of Organization were filed on 11/3/14 and assigned

document number 46-4402724

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/17
(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).

Closed business to work full time

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

Cynthia Vallely

2545 Hendricks Ave

Jacksonville FL 32207

904-566-5580

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:

Cye Vallely
Signature

Cynthia Vallely
Printed Name

FILING FEE: \$25.00

17 DEC 18 AM 7:45
DEPT. OF STATE
TALLAHASSEE, FLORIDA