# 1400097495

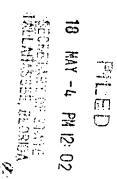
| (Danuardada Nassa)                      |
|---|
| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Son Counseling, 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:

Michael E. Steuer

(Name of Person)

Michael E. Steuer, CPA, P.A.

(Firm/Company)

1000 S. Belcher Rd. Suite 7

(Address)

Largo, FI 33771

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael E. Steuer

"<sub>(727</sub>

797-9000

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 liab   | ility company is                                    |   |                    |                   |                         |
|---|---|---|--------------------|-------------------|-------------------------|
| Son Counseling, LLC   |   |   |                    |                   |                         |
| 2. The Articles of Organization   | on were filed on $\frac{06/18/2}{}$                 | 014   | and ass            | igned             |                         |
| document number L140000   | 97495   | <del></del>                                 |                    |                   |                         |
| 3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date. | this block does not meet t                          | he applicable statutory f                   | i date decument is | 3 10001100        | or filing)<br>te will r |
| 4. A description of occurrenc<br>605.0707, Florida Statutes,  | e that resulted in the lin<br>(copy 605.0707 on bac | nited liability company<br>k cover letter). | y's dissolution    | pursuan           | t to sec                |
| Business Ceased Operations  | <u> </u>  |   |                    |                   |                         |
|   |   |   |                    |                   |                         |
|   |   |   |                    |                   |                         |
|   |   |   |                    |                   |                         |
|   |   |   |                    |                   |                         |
|   |   |   |                    |                   |                         |
|   |   |   |                    |                   |                         |
| 5. If there are no members, ea  | nter the name and addre                             | ss of the person appoi                      | nted to wind u     | pithe cor         |                         |
| 5. If there are no members, enactivities and affairs:   | nter the name and addre                             | ss of the person appoi                      | nted to wind u     | pithe cor         | onpany's                |
|   | nter the name and addre                             | ss of the person appoi                      | nted to wind u     | prihe cor         | mpany's                 |
|   | nter the name and addre                             | ss of the person appoi                      | nted to wind u     | pythe cor         | npany's                 |
|   | nter the name and addre                             | ss of the person appoi                      | nted to wind u     | public cor        | mpany's                 |
|   | nter the name and addre                             | ss of the person appoi                      |                    | MET SEED PLOTION  | mpany's                 |
|   | person or if there are no                           | o members, the signat                       | ,                  | MINISTER PROPERTY | npany, hay -4 PH 12: 02 |
| activities and affairs:  6. Signature of an authorized  | person or if there are no                           | o members, the signat                       | ,                  | MINISTER PROPERTY | npany, hay -4 PH 12: 02 |

**FILING FEE: \$25.00**