

L14000170241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

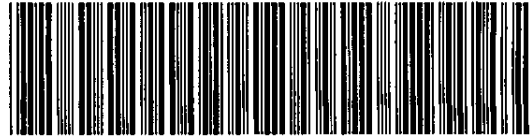
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAR -3 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 2 5 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Merrick Business 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:

Johnnie Merrick

(Name of Person)

Merrick Business Consulting, LLC

(Firm/Company)

362 SW Greenridge Lane

(Address)

Lake City, Florida 32025

(City/State and Zip Code)

For further information concerning this matter, please call:

Johnnie Merrick

(Name of Person)

at (386) 755-2385

(Area Code & Daytime Telephone Number)

or 386-365-1012

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**

FILED
15 MAR -3 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Merrick Business Consulting, LLC

2. The Articles of Organization were filed on November 3, 2014 and assigned

document number L14000170241

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).

A friend who was suppose to be an advisor passed
away.

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

362 SW Greenridge Lane

Lake City, Florida 32025

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: _____

Johnnie Merrick
Signature

Johnnie Merrick
Printed Name

FILING FEE: \$25.00