114000191519

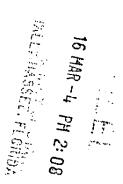
(Requestor's Name)
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Document Number)	
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	

Office Use Only



500282620255

03/04/16--01004--005 **25.00



MAR 0 7 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Patrick R. Sullivan
(Name of Person) Lubell 3 Rosen
(Firm/Company) Andrews Ave, 9th For further information concerning this matter, please call: Sulvan at (404) 405-0985 (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 The Sullivan Firm PCC.	
2.	The Articles of Organization were filed onand assigned	
	document number <u>L14/000 191519</u>	
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) 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.	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).	
	The Sullivan Firm PLLC was created as my	
	law firm. I am disolving the firm because	
I have joined a new law forma		
	Lubell 3 Rosen 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: Patrick P. Sullivan P		
	200 S. Andrews Ave &	
	9th Flour	
	Fort Lauderdalt, FC 35301	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
	PS Patrick R. Sullivan, Esq	
	Signature Printed Name	

FILING FEE: \$25.00