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| (Re                                     | questor's Name)   |                 |  |  |
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| (Cit                                    | y/State/Zip/Phone | <del>= #)</del> |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL            |  |  |
| (Bu                                     | siness Entity Nar | ne)             |  |  |
| (Document Number)                       |                   |                 |  |  |
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TALLAHASSEE, FLORIDA

MAR 1 8 2016 S. YOUNG

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

### BEVEL BUSINESS CONSULTING GROUP LLC

SUBJECT:

(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:

| (Firm/Compar         | ıy)   |  |
|----------------------|-------|--|
| 1000 Venetian Way #8 | 01    |  |
| (Address)            |       |  |
| Miami, FL 33139      |       |  |
| (City/State and Zip  | Code) |  |

For further infor

Quade Koffler

(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   |   |         |  |
|-----------|--|---|---------|--|
|           | Bevel Business Consulting LLC  |   |         |  |
| 2.        | The Articles of Organization were filed on Jan   | nuary 22, 2015 and assigned   |         |  |
|           | document number L1500003527  |   |         |  |
| 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.        | 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 dissolution was made pursuant to the consent of  | f the sole member, Quade Koffler, in accord with                      |         |  |
|           | Florida Statute 305.0701(2) on March 8, 2015.  | 16 HAR  | TELL AH |  |
| 5.        | If there are no members, enter the name and ad activities and affairs:   | Idress of the person appointed to wind up the company's               |         |  |
|           |  |   |         |  |
| 6.<br>lis | Signature of an authorized person or if there are sted above to wind up the company's activities a   | re no members, the signature of the person appointed and and affairs: |         |  |
| 14        | 411//  | Quade Koffler   |         |  |
|           | Signature  | Printed Name  |         |  |

FILING FEE: \$25.00