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. (Re	questor's Name)						
(Address)							
(Address)							
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							

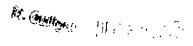




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COVER LETTER

Division of Corporations							
SUBJECT: ACCESS CONS	vitants, LLC						
(Name of Limited Liabili	ty Company)						
The enclosed Articles of Dissolution and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the follow	ring:						
INC (3 Cichovos							
LUIS G. CISHERDS							
(2.4.1.0 0.1.0001)							
Access Consultants, LLC (Firm/Company)							
(Firm/Company	y)						
3101 SW 22 Nd AVE							
(Address)							
Miami FL 33133 / (City/State and Zip Code)							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Luis G. Cisherus at (305,608.3583						
(Name of Person)	(Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:							
	55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						

MAILING ADDRESS:

TO:

Registration Section

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

1. The name of a limited liability company is

ACCESS Consultants LLC IALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 02/12/2015 and assigned document number L150000 25 110

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).

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	of	other	partne	w in the		
	_ of	02619	tion.			
5.	If there are	e no members, er	nter the name and ad	dress of the perso	n appointed to wind	l up the company's
	activities a	and affairs:	-			
				·		
						

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:

Signature

Printed Name

FILING FEE: \$25.00