

L150000 84099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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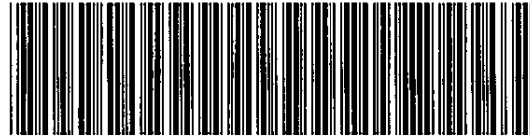
(Business Entity Name)

(Document Number)

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ALBANY, NEW YORK

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JUL 26 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 23 PROFESSIONAL SERVICES 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:

MARISELA MARQUEZ
(Name of Person)

23 PROFESSIONAL SERVICES LLC
(Firm/Company)

2853 EXECUTIVE PARK DRIVE. STE 201
(Address)

WESTON FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

MARISELA MARQUEZ at (954) 226 8435
(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

ZB Professional Services LLC

2. The Articles of Organization were filed on 05/19/15 and assigned

document number L15000089099

3. The delayed effective date the dissolution if not effective on the date of filing: April 25 2016
(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 company will no longer work

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

MARSELA MARQUEZ
Printed Name

FILING FEE: \$25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA
APR 25 P 2:22

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