

L15000114147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

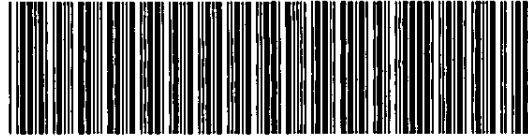
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/16/16--01040--015 **25.00

FILED
2016 FEB 16 P 12:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

FEB 17 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OST 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:

Olga S. Tompkins

(Name of Person)

OST Consulting, LLC

(Firm/Company)

4655 Pine Green Trail

(Address)

Sarasota, FL 34241

(City/State and Zip Code)

For further information concerning this matter, please call:

Olga S. Tompkins

713

598-5832

at ()

(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
OST Consulting, LLC

2. The Articles of Organization were filed on July 2, 2015 and assigned
document number L15000114147

3. The delayed effective date the dissolution if not effective on the date of filing: February 11, 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).
OST Consulting, LLC has ceased doing business.

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

Olga S. Tompkins

4655 Pine Green Trail

Sarasota, FL 34241

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

Olga S. Tompkins

Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

OST Consulting, LLC

Name of Limited Liability Company: _____

L15000114147

Document number of Limited Liability Company is: _____

February 11, 2016

Date of dissolution was: _____

Description of information that must be included in a written claim:

OST Consulting, LLC has ceased doing business.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4655 Pine Green Trail

Sarasota, FL 34241

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Olga S. Tompkins

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00