## 45000 123 010

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasinoso Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## COVER LETTER ·

Division of Corporations			
SUBJECT: CSY CONSULTING.	LLC		
(Name of Limited Liabilit	y Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing	ng.		
Please return all correspondence concerning this matter to the follow	ing:		
CONNIE S, Yeiter			
· ·			
CSY CCHSULTING, LLC (Firm/Company)			
(Firm/Company)			
13375 BRONZE AVE.			
PORT CHARLOTTE, FL 33981			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
CONNIE S, Yeiter at (941) 759-0300 (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
, <u>, ,                                </u>	55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:	STREET/COURIER ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  CSY CONSULTING, LLC
2.	The Articles of Organization were filed on 7-17-2015 and assigned
	document number <u>L 15000123010</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.	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).
	Closed 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:
	13375 BRONZE AUE
	Port Charlotte, FL 33981
6. Iis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
) E	mie S. Meiter Conses Meiter Printed Name Printed Name
	FILING FEE: \$25.00