

L15000208898

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000355982 3)))



H210003559823ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THOMAS HUGHES CONSULTING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2021 SEP 22 04:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
21 SEP 22 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Thomas Hughes Consulting LLC

2. The Articles of Organization were filed on December 16, 2015 and assigned

document number L15000208898

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)

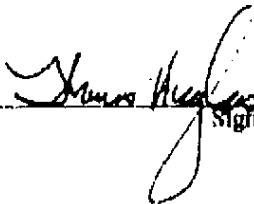
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Written consent of sole member

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

Thomas Hughes, Sole Member

Printed Name

FILING FEE: \$25.00

FILED
21 SEP 22 AM 10:14
STATE
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.

Name of Limited Liability Company: Thomas Hughes Consulting LLC

Document number of Limited Liability Company is: L15000208898

Date of dissolution was: September 22, 2021

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

Name of claimant, date of claim, amount of claim, and description of claim, containing sufficient information to reasonably inform Thomas Hughes Consulting LLC of the identity of the claimant and the substance of the claim.

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

Thomas Hughes
880 Tanbark Drive, #203
Naples, FL 34108

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.

Thomas Hughes, Solo Member

Printed Name of the Person Filing

Thomas Hughes
Signature of the Person Filing

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