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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Janice C Daley 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:

Janice C Daley					
(Name of Person)					
(Firm/Company)					
1249 Dakota Drive					
(Address)					
Jupiter, FL 33458					
(City/State and Zip Code)					

For further information concerning this matter, please call:

Janice C Daley

561

254-9066

(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 liabili Janice C Daley Consulting, LLC	• • •			·	
2.	The Articles of Organization	were filed on Decemb	per 30, 2015	and assigned	i	
	document numberL15000	212807	<del></del>			
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date the document of the listed as the lis	is block does not meet ti	ne applicable statutory filin	ing: July 31, 2017 ite document is receing requirements, th	ved for filing) is date will not be	3
4.	A description of occurrence 605.0707, Florida Statutes, (c	hat resulted in the lim opy 605.0707 on back	nited liability company's k cover letter).	dissolution purs	uant to section	
	The agreement of sole member to	o dissolve the company		<del></del>		
		,			- Ac:	
5.	If there are no members, enter activities and affairs:	er the name and address	ss of the person appointe	ed to wind up the	COMPANY COSSE	ed-same.
		1249 Dakota Drive, Juj	piter FL 33458		OF'S TAIL	
6. lis	Signature of an authorized potted above to wind up the com	erson or if there are no pany's activities and a	o members, the signature affairs:	of the person ap	ppointed and	•
_	Guine C 1 Signature	aly FILING	Print FEE: \$25.00	ted Name	MEY	