

L16000001247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS

O SIMMONS
JAN 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Byrd Consulting 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:

Jamie Cohagen Cramblitt

(Name of Person)

Cohagen Cramblitt Accounting and Tax

(Firm/Company)

6953 Hancock Dr

(Address)

Port St Lucie FL 34952

(City/State and Zip Code)

For further information concerning this matter, please call:

Jamie Cohagen Cramblitt at 772 285-2498

(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

Byrd Consulting Services, LLC

2. The Articles of Organization were filed on 12/31/2015 and assigned

document number L16000001247

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 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).

Dissolution resulting in organization did not use this company. Services were not provided and setup by

a single member Limited Liability Company, no revenue or debt's attached to this organization.

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

Marie T. Silvestri or/ Jamie Cohagen Cramblitt

6953 Hancock Dr, Port St. Lucie, FL 34952

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:

Marie T. Silvestri
Signature

Marie T. Silvestri

Printed Name

FILING FEE: \$25.00

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DIVISION OF CORPORATE STATE

FILED