# 11600017508

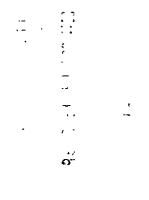
(1	Requestor's Name)					
(Address)						
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(1	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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####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

TO:

Registration Section Division of Corporations

### Subject: Liberty and Grace 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:

Wendy Kurtz			
(Name	e of Person)		
(Firm	/Company)		
8034 Tibet Butler	Drive		
٨)	(ddress)		
Windermere, FL 3	34786		
(City/State	and Zip Code)		•
For further information concerning this matter, please call:			
Wendy Kurtz	<sub>at (</sub> 407	876-7730	C.
(Name of Person)	(Area Cod	le & Daytime Telephone Numbe	er)
Enclosed is a check for the following amount:			
■ \$25.00 Filing Fee and Certificate of Dissolution		Fee, Certificate of Dissolution a py (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

l.	The name of a limited liability company is				
	Liberty and Grace Consulting,	LLC			
2.	The Articles of Organization	were filed on Janua	ry 28, 2016	and assigned	
	document number L1600001	7508			
3.		date cannot be prior to or its block does not meet	more than 90 days later that the applicable statutory	of filing:	
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the licopy 605.0707 on ba	imited liability compa ck cover letter).	my's dissolution pursuant to section	
	The written consent of all the m	embers of Liberty and	Grace Consulting, LLC	to dissolve	
5.	If there are no members, ento	er the name and addr Wendy Kurtz	ress of the person app	ointed to wind up the company's	
	activities and arians.	** ** ****			
				ذ	
6. lis	Signature of an authorized p ted above to wind up the con	erson or if there are appany's activities and	no members, the signal affairs:	ature of the person appointed and	
_	Word, Kuth		Wendy Kurtz		
/ Signature				Printed Name	

FILING FEE: \$25.00