

L16000019870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 DEC -1 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC -5 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAMELA ROLLINS HIM 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:

PAMELA ROLLINS
(Name of Person)

PAMELA ROLLINS HIM CONSULTING, LLC
(Firm/Company)

10119 SW 39th PK
(Address)

GAINESVILLE, FL 32608
(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA ROLLINS at (352) 262-8657
(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**

FILED
2016 DEC -1 PM 4:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. The name of a limited liability company is

PAMELA ROLLINS HIM CONSULTING, LLC

2. The Articles of Organization were filed on JANUARY 13, 2014 and assigned

document number L16000019870

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).

CONSULTING POSITION COMPLETED. MADE DECISION
TO RETIRE FROM CONSULTING.

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

PAMELA ROLLINS
10119 SW 39th PL
GAINESVILLE, FL 32608

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:

Pamela Jean Rollins
Signature

PAMELA JEAN ROLLINS
Printed Name

FILING FEE: \$25.00

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: PAMELA ROLLINS HIM CONSULTING, LLC

Document number of Limited Liability Company is: L16000019870

Date of dissolution was: December 1, 2016

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

Detailed description of claim

Solution desired.

Contact information/name of claimant(s)

SUPPORTING DOCUMENTATION

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

PAMELA ROLLINS

10119 SW 39th PL

GAINESVILLE, FL 32608

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.

PAMELA JEAN ROLLINS

Printed Name of the Person Filing

Pamela Jean Rollins

Signature of the Person Filing

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TALLAHASSEE, FLORIDA