

L16000127832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

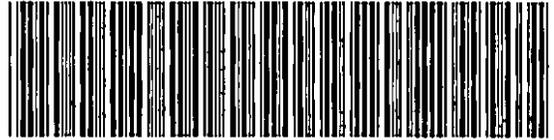
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR - 2 PM 12:45

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MAR 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALGORHYTHM 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:

Kim Flores

(Name of Person)

(Firm/Company)

2840 NE 18th Avenue

(Address)

Wilton Manors, FL 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Flores

(Name of Person)

at (917) 817-1841

(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

