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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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FILED

SECRETARY OF STATE
SECRETARY OF STATE

K. SALY MAR 11 2018

COVER LETTER

14.

TO: Registration Section Division of Corporations
SUBJECT: B. Whith Consultants (Name of Limited Liability Company)
(traine of 2-minst 2months)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brooke A. Whith (Name of Person)
B. MINIH Consultants (Firm/Company)
LEBO SVI 7th AVE (Address)
Fort Lauderdale FL 33315 (City/State and Zip Code)
For further information concerning this matter, please call:
Brooke Mhitt at (321) 231-9287 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\square \frac{\square}{325.00}\$ \text{ Filing Fee and Certificate of Dissolution } \square \frac{\square}{355.00}\$ \text{ 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

	A LIMITED LIABILITY COMPANY FILED
1	A LIMITED LIABILITY COMPANY 18 MAR -9 PM 1: 50 Recompany is SECRETARY OF STATE THE Articles of Organization were filed on Maych 2018 and assigned
2	The Articles of Organization were filed on Maych 2nd 2018 and assigned
	document number L 16000 173 723
3.	The delayed effective date the dissolution if not effective on the date of filing: Mach 31st, 2-618 (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).
	No longer needed/necessary
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: BYDOCL FL. Whith
	2617 NE 32nd Street
	Firt Lauderdate FL 3330Le
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Broke White Printed Name

FILING FEE: \$25.00