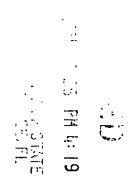
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Office Use Only



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J-10 2021

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: MESMER CONSUL (Name of Limited	TING, 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:		
LYNNE (Name	MESMER of Person)	
MESMER CONSULTING, LLC (Firm/Company)		
10998 SW 69TH CIR.		
OCALA, FL. 34476 (City/State and Zip Code)		
(onyound and my onder		
For further information concerning this matter, please call:		
Λ		
LYNNE MESMER (Name of Person)	at (561) 685-2157	
(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 &	
El \$25.00 Filling Fee and Certificate of Dissolution	Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is MESMER CONSULTING, LLC.
2.	The Articles of Organization were filed on DEC , 27 , $20/6$ and assigned
	document number <u>L 1600023/673</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: APRIL 202 (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).
	LOSS OF BUSINESS DUE TO COVID 19
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	ψ.
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed love to wind up the company's activities and affairs:
£	yme Mesmer LYNNE MESMER Printed Name

FILING FEE: \$25.00