

L17000104233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

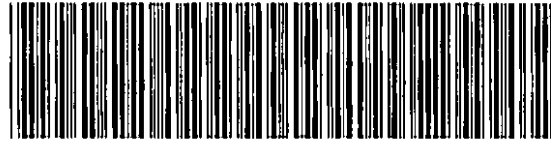
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/30/18--01026--013 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 05 2018

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DAURIG CONSULTING SERVICES 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:

DENISE DOUYON-RIGAUD

(Name of Person)

DAURIG CONSULTING SERVICES LLC

(Firm/Company)

9034 ALEXANDRA CIRCLE

(Address)

WELLINGTON, FLORIDA 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

DENISE DOUYON-RIGAUD

(Name of Person)

at **561 876-2861**

(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

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TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
DAURIG CONSULTING SERICES

2. The Articles of Organization were filed on 06/01/2017 and assigned
document number L 17000104233

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018
(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 ACTIVITY

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

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:


Signature

DENISE DOUYON-RIGAUD
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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: DAURIG CONSULTING SERVICES

Document number of Limited Liability Company is: L17000104233

Date of dissolution was: 12/31/2018

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

NO ACTIVITY

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TALLAHASSEE, FLORIDA

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

9034 ALEXANDRA CIRCLE

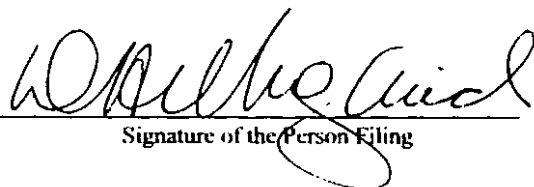
WELLINGTON

FLORIDA 33414

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.

DENISE DOUYON-RIGAUD

Printed Name of the Person Filing



Signature of the Person Filing