

L17000

250 845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

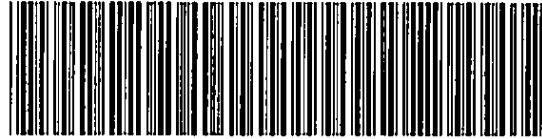
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019-11-08 16:39

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John E Brooks 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:

John E. Brooks

(Name of Person)

John E Brooks Consulting LLC

(Firm/Company)

236 NW 101st Ave

(Address)

Plantation, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

John E. Brooks

(Name of Person)

at 954 931-7117

(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

2019-8 11:39

- Signature

Printed Name**FILING FEE: \$25.00**