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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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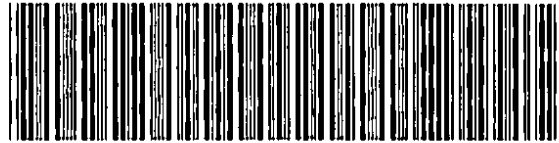
(Business Entity Name)

(Document Number)

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2019 MAR - 1 PM 4:08

2019 MAR - 1 PM 4:08
UNCLASSIFIED

C. GOLDEN

MAR - 4 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S. M. Howe 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:

Susan M. Howe
(Name of Person)

S.M. Howe Consulting
(Firm/Company)

233 Whitman Way
(Address)

Freeport FL 32439
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan M. Howe at (952) 956-2347
(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 &
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

FILED

1. The name of a limited liability company is

2019 MAR -1 PM 4:

S. M. Howe Consulting, LLC

2. The Articles of Organization were filed on 4 JAN 2018 and assigned

document number L180000003235

3. The delayed effective date the dissolution if not effective on the date of filing: 18 FEB 2019
(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).

A personal decision to end self-employment and dissolve the LLC.

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

Susan M. Howe

233 Whitman Way

Frederic FL 32439

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:

Susan M. Howe
Signature

Susan M. Howe
Printed Name

FILING FEE: \$25.00