

L18000052738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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04/09/21--01037--006 \*\*25.00

FILED  
2021 APR -9 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 2

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**SUBJECT:** \_\_\_\_\_  
(Name of Limited Liability Company)

הנה

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

\_\_\_\_\_ at \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

287-6965

at

(Area Code & Daytime Telephone Number)

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Certified Copy (additional copy is enclosed)

**Street Address:**

Registration Section  
Division of Corporations  
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

Brian Perkins Consulting, LLC

2. The Articles of Organization were filed on 04-08-2021 and assigned

document number L18000052738

3. The delayed effective date the dissolution if not effective on the date of filing: 04-08-2021  
(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).

My services not needed anymore, as I have retired from new home construction project management.

My services not needed anymore, as I have retired from new home construction project management.

My services not needed anymore, as I have retired from new home construction project management.

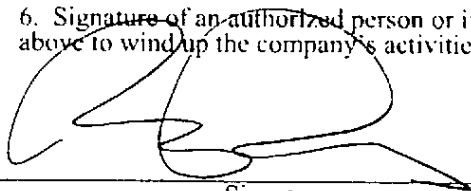
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Brian Perkins

4535 Courson Blvd.

Lakeland, FL 33811

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

Brian Perkins

Printed Name

**FILING FEE: \$25.00**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA