

180000 95957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

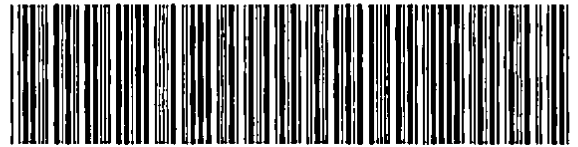
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2019 FEB 25 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
03/01/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Paradox 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 Leo

(Name of Person)

Paradox Consulting, LLC

(Firm/Company)

310 Sweet Grass Lane

(Address)

Lakeway, TX 78738

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

John Leo

571

633-5530

at ()

(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**

1. The name of a limited liability company is
Paradox Consulting, LLC

2. The Articles of Organization were filed on 04/17/2018 and assigned
document number 118000095957

3. The delayed effective date the dissolution if not effective on the date of filing: (date of filing)
(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).
Relocated out-of-state.

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

John Leo

310 Sweet Grass Lane

Lakeway, TX 78738

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

John Leo

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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AND
FILED