

2180000 98718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

○ SIMMONS  
FEB 04 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations  
Consulting 4 Check Cashier LLC

SUBJECT: \_\_\_\_\_  
(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:

Thomas Norgaard

\_\_\_\_\_  
(Name of Person)

Consulting 4 Check Cashier LLC

\_\_\_\_\_  
(Firm/Company)

10180 E Cypress Ct.

\_\_\_\_\_  
(Address)

Pembroke Pines, Florida, 33026

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Norgaard

305

606-7132

\_\_\_\_\_  
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 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  
Consulting 4 Checks Cashier LLC

2. The Articles of Organization were filed on April 23, 2018 and assigned  
document number L18000098718

3. The delayed effective date the dissolution if not effective on the date of filing: April 23, 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 market for this business

No market for this business

No market for this business

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

10180 E Cypress Ct

Pembroke Pines, FL 33026

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

Thomas Norgaard

Printed Name

**FILING FEE: \$25.00**

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