

L18000 206 401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

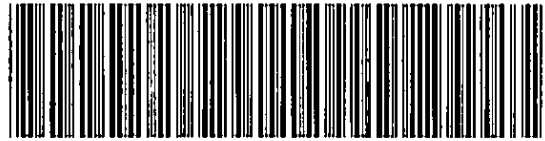
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/12/19--01025---018 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 DEC 12 PM 12:20

Dissolution

DEC 30 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUMBLAKE CONSULTANTS 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:

Michael Ray Hobbs

(Name of Person)

SUMBLAKE CONSULTANTS LLC

(Firm/Company)

12849 Hobbs Road

(Address)

Dade City Florida 33525

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Ray Hobbs

(Name of Person)

352

at (

424-5895

(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

19 DEC 12 PM 12:20
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
SUMBLAKE CONSULTANTS LLC

2. The Articles of Organization were filed on 8/28/2018 and assigned
document number L18000206401

3. The delayed effective date the dissolution if not effective on the date of filing: 12/10/2019
(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).

LLC company hasn't processed any business since its inception so It was decide to dissolve it.

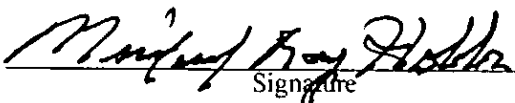
LLC company hasn't processed any business since its inception so It was decide to dissolve it.

LLC company hasn't processed any business since its inception so It was decide to dissolve it.

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 DEC 12 PM 12:20

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

Michael Ray Hobbs

Printed Name

FILING FEE: \$25.00