

L18000 228 211

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

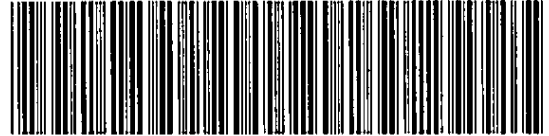
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700331597507

07/22/19--01025--012 \*+25.00

FILED  
2019 JUL 22 PM 3:03  
MILWAUKEE

Y SULKER

JUL 29 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONSCIOUS KINECTIONS 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:

ANJILIQUE MAXWELL (FORMERLY SANTIAGO)  
(Name of Person)

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

2370 NAPLES TRACE CIR #300  
(Address)

NAPLES FL 34109  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANJILIQUE MAXWELL at (214) 682 7681  
(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  
Tallahassee, FL 32314

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

1. The name of a limited liability company is

CONSULAS KINECTIONS LLC

2. The Articles of Organization were filed on 9-26-18 and assigned

document number L18000228211

3. The delayed effective date the dissolution if not effective on the date of filing: 7-19-19  
(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).

The business was in operation for a couple months,  
but I just didn't keep up with it. I have not  
done business at all this year, so no sense  
not dissolving.

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

ANJULIQUE MAXWELL LMT  
2370 NAPLES TRACE CIR #306  
NAPLES FL 34109

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

ANJULIQUE MAXWELL LMT  
Printed Name

**FILING FEE: \$25.00**