

118000246006

(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



500338247515

12/30/19--01012--004 **35.00

R WHITE
JAN 09 2020

20191230 14:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Ortega Management & Consulting Group,
(Name of Limited Liability Company) LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew & Carmen Haley
(Name of Person)

Ortega Management & Consulting Group, LLC
(Firm/Company)

2810 Doric Ave
(Address)

Jacksonville, FL 32210
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Haley at (904) 251-4469
(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

IRS # 83-2332868

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

1. The name of a limited liability company is

Ortega Management & Consulting Group, LLC 2019: 30 11:15

2. The Articles of Organization were filed on 19 OCT 2018 and assigned

document number L18 000 246 006

3. The delayed effective date the dissolution if not effective on the 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).

Business was never conducted, nor engaged beyond
planning.

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

Matthew & Carmen Haley

2810 Doric Ave

Jacksonville, FL 32210

Ph. 904-251-4469

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:

Matthew Haley
Signature

Matthew L. Haley
Printed Name

FILING FEE: \$25.00