

L190000 29224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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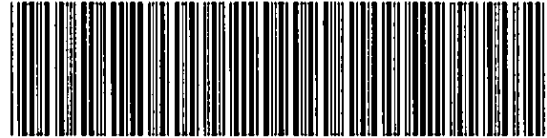
(Business Entity Name)

(Document Number)

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O S M A V
OCT 21 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLINICAL SOFTWARE 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:

RAMON NAVARRO

(Name of Person)

CLINICAL SOFTWARE CONSULTANTS, LLC

(Firm/Company)

2211 N 44TH LN

(Address)

MCALLEN TEXAS 78501

(City/State and Zip Code)

For further information concerning this matter, please call:

RAMON NAVARRO

(Name of Person)

at (561) 846 2519

(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** PH 6:51

1. The name of a limited liability company is

CLINICAL SOFTWARE CONSULTANTS, LLC

2. The Articles of Organization were filed on January 28, 2019 and assigned

document number L 19000029224

3. The delayed effective date the dissolution if not effective on the date of filing: October 8, 2020
(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).

I moved to Texas and it was required to register
a new LLC in the state of Texas.

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

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:

Ramon Navarro
Signature

Ramon NAVARRO
Printed Name

FILING FEE: \$25.00