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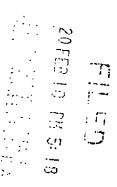
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CONSULTANTS ON CAU of Plovida, U (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:
Signtalk Florida (Firm/Company) 320 N. Magnolia ave., Ste B5 (City/State and Zip Code)
For further information concerning this matter, please call:
Suranne Hersher at 718, 382-2026 (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					
The Articles of Organization was a second control of the cont	vere filed on	3 21	2019 and ass	igned		
document number <u>HQ</u> [)000942C	18				
3. The delayed effective date the (effective date Note: If the date inserted in this listed as the document's effective	te cannot be prior to or m s block does not meet th	ore than 90 days lat ie applicable statu	er than date document is itory filing requiremen	s received for nts, this date	titing) e will no	ot be
4. A description of occurrence the 605.0707, Florida Statutes, (co	pv 605.0707 on back	cover letter).	npany's dissolution	pursuant to	o sectio	on .
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	3000		<u> </u>		O FEE	7.
					(C) TO	; == ; T1
5. If there are no members, enter activities and affairs:	the name and addres	s of the person a	ppointed to wind up	p the comp	αήў's Ξ	J
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_			***************************************	<u>.</u>		
6. Signature of an authorized pers above to wind up the company's a	son or if there are no activities and affairs:	members, the si	gnature of the perso	on appointe	d and	listed
J. Sum		Jas	seph Geli	cbte	Y	•
v Signature			Printed Name			

FILING FEE: \$25.00