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(Red	questor's Name)	
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APR 2 1 2020 I ALBRITTON

COVER LETTER

TO:

Registration Section Division of Corporations

NWANKWO CONSULTANTS, PLLC

SUBJECT:

(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:

CHUCK MOGBO	
(Name of Person)	
CHUCK MOGBO, P.A	
(Firm/Company)	
4782 W. COMMERCIAL BLVD	
(Address)	
TAMARAC, FL 33319	

(City/State and Zip Code)

For further information concerning this matter, please call:

CHUCK MOGBO

954

739-4669

(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 Circle Tallabassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia	bility company is	
NWANKWO CONSULTA	NTS, PLLC	
2. The Articles of Organiza	tion were filed on APRIL 29, 2019 and a	essigned
document number L1900	0115470	
Note: If the date inserted	te the dissolution if not effective on the date of filing: 04/26 ive date cannot be prior to or more than 90 days later than date documer in this block does not meet the applicable statutory filing requiren fective date on the Department of State's records.	0/19 It is received for filing) hents, this date will not be
605.0707, Florida Statute	nce that resulted in the limited liability company's dissoluti s. (copy 605.0707 on back cover letter). THAT IT IS NOT YET THE RIGHT TIME TO START THE E	•
5. If there are no members, activities and affairs:	enter the name and address of the person appointed to wind CHIGOZIE NWANKWO	I up the company's
	13113 S.W 47TH STREET, SUITE 100, MIRAMAR, FL 3	3027
		
6. Signature of an authorize listed above to wind up the c	d person or if there are no members, the signature of the person pany's activities and affairs:	rson appointed and
CLA	CHIGOZIE NWANKWO	
Signature	Printed Name FILING FEE: \$25.00	2020 APR -7
	•	₽: