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#### **COVER LETTER**

TO:		tion Section of Corporations			
SUBJE	~~~	epyheadzzz Consulting LLC			
(Name of Limited Liability Company)					
The enc	losed Art	icles of Dissolution and fee(s) are submitt	ed for filing.		
Please r	eturn all o	correspondence concerning this matter to	he following:		
		Michael J Brooks, Esquire			
	•	(Nan	c of Person)		
		Law Offices Michael J Brooks			
	-	(Firm	ı/Company)		
		252 West Swamp Road, Suite 13			
	-	(,	Address)		
		Doylestown, PA 18901			
	-	(City/Sta	e and Zip Code)	<del> </del>	
or furt	her inform	mation concerning this matter, please call:			
	Michael	1 J Brooks	215 23	30-3761	
	· · ·	(Name of Person)		aytime Telephone Number)	
inclosed	t is a check	c for the following amount:			
=	≣ \$25.00 F	filing Fee and Certificate of Dissolution		ertificate of Dissolution & ditional copy is enclosed)	
		Address:	Street Address:		
Registration Section Registration Section Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee					
		The Centre of Tall	ahassee		
	Tallaha	assee, FL 32314	2415 N. Monroe S Tallahassee, FL 32	•	

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i.	The name of a limited liability company is     Sleepyheadzzz Consulting LLC	
2.	2. The Articles of Organization were filed on May 23, 2019	and assigned
	document number L19000138685	
3.	3. The delayed effective date the dissolution if not effective (effective date cannot be prior to or more that Note: If the date inserted in this block does not meet the applisted as the document's effective date on the Department of	licable statutory filing requirements, this date will not be
4.	<ol> <li>A description of occurrence that resulted in the limited li 605.0707, Florida Statutes, (copy 605.0707 on back cove</li> </ol>	iability company's dissolution pursuant forsection reletter).
	The consent of all the members.	A A
	The consent of all the members.	22 P
	The consent of all the members.	57 4:37 C
5.	5. If there are no members, enter the name and address of t activities and affairs:	he person appointed to wind up the company's
6. at	6. Signature of an authorized person or if there are no men above to wind up the company's activities and affairs:	nbers, the signature of the person appointed and listed
	De helden	Michael J Brooks
	Signature	Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of	Limited Liability Company:	
	nt number of Limited Liability Company is:  L19000138685	
	2414 N2020	
Date of c	dissolution was:	
Descript	ion of information that must be included in a written claim:	
Descripti	ion of Claim	
Descripti	ion of party asserting the claim, including contact information	
Dollar at	mount of claim	
	SEC TA	
		E.
Mailing	address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	712
	Law Offices Michael J Brooks	i de la companya de l
	address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Law Offices Michael J Brooks  252 West Swamp Road, Suite 13	
	Doylestown.PA 18901	
A claim	n against the above named limited liability company will be barred unless a proceeding to enforce the commenced within 4 years after the filing of this notice.	ıe
Michae	H J Brooks Que het Bran	
··	Printed Name of the Person Filing Signature of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00