

L19000152674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

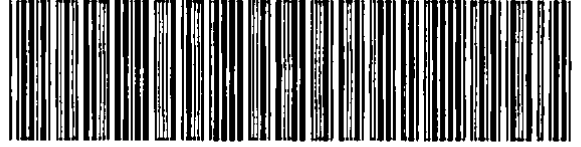
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/19/22--01:01--001 4427.01

FILED
2022 NOV 10 AM 11:40
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emergel80 Wealth Managment Accounting 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:

Jonathan D. Field

(Name of Person)

Emergel80

(Firm/Company)

13902 N Dale Mabry - Suite 229

(Address)

Tampa, FL 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan D. Field

(Name of Person)

813

341-0507

at (

_____) _____
(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

FILED
2022 NOV 10 AM 11:40
- SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
Emerge180 Wealth Management Accounting LLC

2. The Articles of Organization were filed on 06/10/2019 and assigned
document number L19000152674

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.

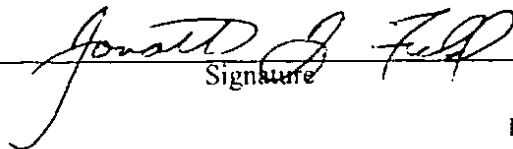
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Closed business as of January 1, 2021

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

13902 N Dale Mabry Hwy., Suite 229

Tampa, FL 33618

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:


Signature

Jonathan D. Field

Printed Name

FILING FEE: \$25.00