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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	DISSOLUTIO	n of LCC	
DOCUMENT NUM	MBER: <u>L 190</u>	n of LCC 00 299 266	
The enclosed Notice	e of Limited Liability C	ompany Dissolution and fee are s	ubmitted for filing.
Please return all cor	respondence concerning	this matter to the following:	
,,,	HARRY J (Name of C	acoby	
	/(Name of C	ontact Person)	
+	1ST Consul	trug	
	(Firm	(Company)	
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,,,,	(City/State	1 08551 e and Zip Code)	
For further informat	ion concerning this matt	er, please call:	
HARRY-	JACOBY	at (<u>908</u>) <u>6Z5 –</u> (Area Code) (Daytime	7159
(Name of	Contact Person)	(Area Code) (Daytime	Telephone Number)
Enclosed is a check	for the following amour	t:	
□\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	Certified Copy Certification	iling Fee, ate of Status & Certified additional copy
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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