

L200000081943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

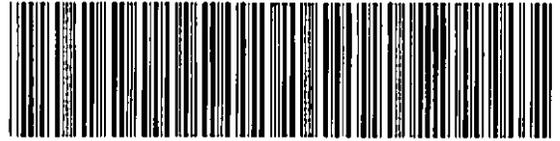
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500420933495

01/10/24--01030--015 **25.00

SECRETARY OF STATE

2024 JAN 10 PM 1:19

61111111

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Ray of Hope Consulting, LLC

2. The Articles of Organization were filed on March 13, 2020 and assigned

document number L20000081943

3. The delayed effective date the dissolution if not effective on the date of filing: 3/1/2023
(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).

This company was no longer needed due to work stopping. No payments were received after 12/31/2022.

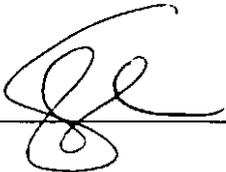
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Shena Josue

2728 Matera Drive

Saint Cloud, FL 34771

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

Shena Josue

Printed Name

FILING FEE: \$25.00

2020 JAN 10 PM 3:19
STATE OF FLORIDA
DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ray of Hope Consulting, 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:

Shena Josue

(Name of Person)

(Firm/Company)

(Address)

2728 Matera Drive, Saint Cloud, FL 34771

(City/State and Zip Code)

For further information concerning this matter, please call:

Shena Josue

(Name of Person)

505

715-9483

at (_____) _____

(Area Code & Daytime Telephone Number)

2024 JAN 10 PM 14: 9
FILED

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