

U 20000322 797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

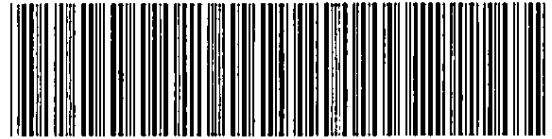
(Document Number)

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02/12/24--01012--020 **25.00

2024 FEB 12 PM 1:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holly Smith Counseling Services, 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:

Holly Smith

(Name of Person)

Holly Smith Counseling Services LLC

(Firm/Company)

11 Vision Hill Drive

(Address)

Weaverville, NC 28787

(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Smith

(Name of Person) at (407) 718-0957

(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:

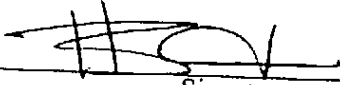
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

1. The name of a limited liability company is
Holly Smith Counseling Services, LLC
2. The Articles of Organization were filed on 10/12/2020 and assigned
document number L20000322797
3. The delayed effective date the dissolution if not effective on the date of filing: 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).
I am no longer operating in Florida. I have moved to North Carolina and now offer services out of a NC office
and to NC residents.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Holly Smith
11 Vision Hill Drive
Weaverville, NC 28787
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

Holly Smith
Printed Name

FILING FEE: \$25.00