

L20000330569

(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:

J. HORNE  
JUL 16 2024

Office Use Only



000432036030

05/25/24--01027--010 \*\*25.00

2024 JUL 16 12:00 PM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

*ATL Consultants 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:

*Julie M. Gelin*

(Name of Person)

*ATL Consultants LLC*

(Firm/Company)

*2100 NE 174<sup>th</sup> ST.*

(Address)

*N. Miami Beach FL 33162*

(City/State and Zip Code)

For further information concerning this matter, please call:

*Julie M. Gelin*

(Name of Person)

at ( *786* ) *288-1481*

(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

2021 JUN 2 10:12 AM

1. The name of a limited liability company is

ATL Consultants LLC

2. The Articles of Organization were filed on 10/19/2020 and assigned

document number L20000330569

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.

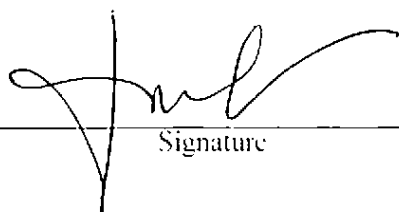
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Unfortunately, we opened this in hope of starting  
a new venture, however, the plan never came to fruition.  
And the people we intended to pursue this project with  
have decided to do other things. Our apologies

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Julie H. Gelon  
Printed Name

FILING FEE: \$25.00