

L200000347493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

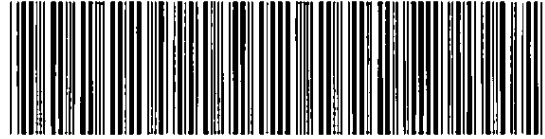
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/22/22--01002--002 **25.00

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JUL 21 2022
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Shimonc 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:

Lynetta M. Boyd
(Name of Person)
Shimonc Consulting LLC
(Firm/Company)
574 Harry St. SW
(Address)
Palm Bay, FL 32908
(City/State and Zip Code)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lynetta M. Boyd at (321) 272-7747
(Name of Person) (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

Shimone Consulting LLC

2. The Articles of Organization were filed on 11/2/2020 and assigned

document number L20000347493

3. The delayed effective date the dissolution if not effective on the date of filing: 5/2/22
(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 have not utilized the company and no
future planning.

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

Lynetta M. Boyd
574 Hamy St SW
Palm Bay, FL 32908

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:

Lynetta M. Boyd
Signature

Lynetta M. Boyd
Printed Name

FILING FEE: \$25.00

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FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2022

LYNETTA M. BOYD
SHIMONC CONSULTING LLC
574 HAMY ST SW
PALM BAY, FL 32908

SUBJECT: SHIMONC CONSULTING LLC
Ref. Number: L20000347493

We have received your document for SHIMONC CONSULTING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 222A00014822

RECEIVED
JUL 1 2022