L21 CCC 112453

(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:
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2022 HAR I 4 PM 2: 20 SECRETIFY OF STATE

9- 3123/2022

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	SUBJECT: Cognitive Diversity LLC (Name of Limited Liability Company)				
The enc	losed Articles of Dissolution and fee(s) are submitted	for filing.			
Please r	eturn all correspondence concerning this matter to the	: following:			
	Lawrence J. Rothman (Name of	of Person)			
	Congnitive Diversity LLC (Firm/C	Company)			
	2531 Golf View Dr.	· · · · · · · · · · · · · · · · · · ·			
	(Ad	dress)			
	Weston, FL 33327 (City/State a	and Zip Code)			
For furt	her information concerning this matter, please call:				
	Lawrence Rothman (Name of Person)	at (732) 5867367 (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

FILED

2022 MAR 14 PM 2: 20

١.	The name of a limited liability company is		
	Cognitive Diversity LLC	SECRETURY OF ST	IATE
		TALLAHASSEE,	rL
2.	The Articles of Organization were filed on March 9, 2021	and assigned	
	document numberL21000112453		
3.	The delayed effective date the dissolution if not effective (effective date cannot be prior to or more than Note: If the date inserted in this block does not meet the appl listed as the document's effective date on the Department of S	an 90 days later than date document is received for filing) blicable statutory filing requirements, this date will not be	
4.	A description of occurrence that resulted in the limited lia 605.0707, Florida Statutes, (copy 605.0707 on back cover	iability company's dissolution pursuant to section er letter).	
	No business		
	No business		
	No Kusinana		
	No business		
5.	If there are no members, enter the name and address of the activities and affairs:	he person appointed to wind up the company's	
6. ab	Signature of an authorized person or if there are no memboove to wind up the company's activities and affairs:	nbers, the signature of the person appointed and listed	
	$\mathcal{A}_{\mathcal{A}}$	LAWRENCE J. ROTHMAN	
_	Signature	Printed Name	

FILING FEE: \$25.00