

L21000288773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

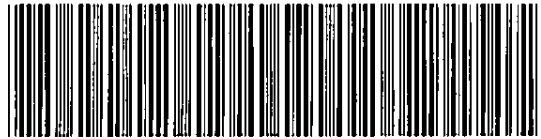
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300434164593

09/06/24--01018--021 **25.00

STATE
CLERK
PM 3:40

CLERK
08/06/24

Ferlita Consulting LLC

Suzanne Ferlita

813 610-0490

2816 Commonwealth Avenue
Valrico FL 33594

PM 3:40
STATE
FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ferlita 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:

Suzanne Ferlita

(Name of Person)

Ferlita Consulting LLC

(Firm/Company)

2816 Commonwealth Avenue

(Address)

Valrico, FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Ferlita

(Name of Person)

813

610-0490

at (

_____) _____
(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

Ferlita Consulting LLC

2. The Articles of Organization were filed on 6/22/2021 and assigned

document number L21000288773

3. The delayed effective date the dissolution if not effective on the date of filing: 8/31/2024
(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).

The LLC ceased operations.

The LLC ceased operations.

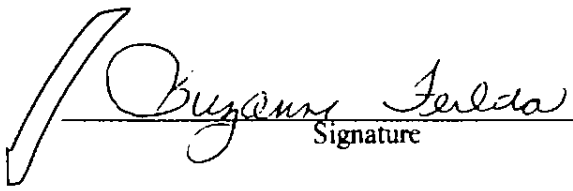
The LLC ceased operations.

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

2816 Commonwealth Ave

Valrico, FL 33594

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

Suzanne Ferlita

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

Description of information that must be included in a written claim:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00