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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016 Phone : (954)903-4036 : (954)246-0340 Fax Number

> LLC DISSOLUTION OR WITHDRAWAL INSOLUTIONS CONSULTORS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help

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1.	The name of a limited liability company is INSOLUTIONS CONSULTORS LLC				
2.	The Articles of Organization were filed on	04/22/2022	and assigned		
	document number L22000168128				
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 605.0707, Florida Statutes, (copy 605.0707 on	e limited liability compan back cover letter).	y's dissolution pursuant to section		
	The members agree to dispolut	e. the 220 Yourston	:189		
5.	If there are no members, enter the name and acactivities and affairs:	ddress of the person appo	inted to wind up the company's		
			av_		
	 		2022		
	. A MARK		<u>ジェラ語</u> フォ: 章 ス・ト・フィ		
	To proper the control of the control		20 <u> E</u>		
6. al	Signature of an authorized person or if there are pove to wind up the company's activities and aff	re no members, the signal fairs:	ture of the person appointed and fister Si		
	Corpora Novamo	Glege	ano Novaro		
	Signature	····	Printed Name		

COVER LETTER

TO:	Registration Section Division of Corporations			
(1*1P.11	INSOLUTIONS CONSULTORS LLC			
SUBJI	(Name of Lir	nited Liability Company)		
	nclosed Articles of Dissolution and fee(s) are sub- return all correspondence concerning this matter			
GREGORIO NAVARRO				
(Name of Person)				
INSOLUTIONS CONSULTORS LLC				
	(Firm/Company)			
	2502 SWEET VIBURNUM WAY			
	(Address) OCOEE, FL 34761			
	(City	(State and Zip Code)		
For fu	rther information concerning this matter, please c	raff:		
	NATHALY CUARTAS	954 9034036 at ()		
	(Name of Person)	at () [Area Code & Daytime Telephone Number]		
Enclos	ed is a check for the following amount:			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		© \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		