

DocuSign Envelope ID: 9C3CA35C-4A05-470C-A7E4-53D81363231E

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSULTATIO LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and Fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANELLE M. BARINAS

(Name of Person)

BARINAS AND ASSOCIATES INC.

(Firm/Company)

5701 NW 36TH ST

(Address)

VIRGINIA GARDENS FLORIDA 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

YANELLE M. BARINAS

(Name of Person)

305 871-0889
at (_____)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$23.00 Filing Fee and Certificate of Dissolution

☒ \$53.00 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:

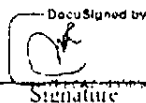
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: 9C3CA35C-4AD5-476C-47E4-53D91353231E

FILED
2024 JUL 30 AM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
CONSULTATIO LLC
2. The Articles of Organization were filed on 04/06/2023 and assigned
document number 123000172117
3. The delayed effective date the dissolution if not effective on the date of filing: 07/08/2024
(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 VOLUNTARY CONSENT OFF ALL OWNERS.
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:

DocuSigned by

Signature

MICAH A CUEVAS
Printed Name

FILING FEE: \$25.00

DocuSign Envelope ID: 9C3CA35C-4AD5-476C-A7E4-53D91263231E

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: CONSULTATIO LLC

Document number of Limited Liability Company is: 123000172117

Date of dissolution was: 07-08-2024

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

ANY AND ALL PERTINENT INFORMATION FOR THE CLAIM.

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

5701 NW 36TH ST, VIRGINIA GARDENS, 32156

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.

MICHAELA CUEVAS

Printed Name of the Person Filing

DocuSigned by


Signature of the Person Filing

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

FILED
2024 JUL 30 AM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA