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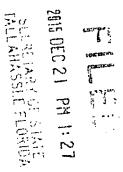
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DEC 2 1 7015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: School Consultants of S.W. Floriva, L.C. (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:
STUART ZAIKOV (Name of Person)
(Firm/Company)
14500 Ocean BLUFF DRIVE
14500 OCEAN BLUFF DRIVE (Address) FORT MYERS FLORIDA 33908 (City/State and Zip Code)
For further information concerning this matter, please call:
STUART DAILOV at (239) 691 3434 (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: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
School Consultants of S.W. Planian,	LC.
2. The Articles of Organization were filed on JUNE 18 1996 and assigned	
document number <u>L 96 00000660</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: 12 12 1 5 (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 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 se 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ection
closes business	
5. If there are no members, enter the name and address of the person appointed to wind up the company	— v's
activities and affairs:	, 3
activities and attaits.	
6. Signature of an authorized person or if there are no members, the signature of the person appointed a listed above to wind up the company's activities and affairs:	ınd
Cyar larkon STUART R.ZA	itrov
Signature Printed Name	
FILING FEE: \$25.00	2
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