## POBOCO PAILS

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

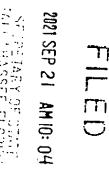
Office Use Only



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dissolution W/th notice

03/21/21---01016---009 \*\*35.00



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## **COVER LETTER**

**Division of Corporations** SUBJECT: \_\_\_\_ P03000084149 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ken Ertle (Name of Contact Person) Kutterz Management Consultants (Firm/Company) 612 W Central street (Address) Lantana, FL 33462 (City/State and Zip Code) For further information concerning this matter, please call: at ( 561-718-8195 Ken ertle (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certified Copy Certificate of Status Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Street Address: Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**TO:** Amendment Section

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

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State FIRST: KUTTERZ MANAGEMENT CONSULTANTS, INC. P03000084149 The document number of the corporation (if known): SECOND: The date dissolution was authorized: 01/31/21 THIRD: Effective date of dissolution <u>if applicable:</u> 3/15/2021 (no more than 90 days after dissolution file date) 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.

FOURTH:

the articles of incorporation.

Signature		
_	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
KEN ERT	LE	
	(Typed or printed name of person signing)	
PRESIDE	NT	
	(Title of person signing)	

Dissolution was approved by the shareholders, in the manner required by this chapter and

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

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

Name of Corporation: KUTTERZ MANAGMENT CONSULTANTS, INC. The above named corporation is the subject of dissolution and the effective date of a dissolution is:  $\frac{3/15/24}{2}$ (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 612 W. CENTRAL STREET, LANTANA, FL 33462 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

KEN ERTLE

Printed Name of the Person Filing