

P06000109773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

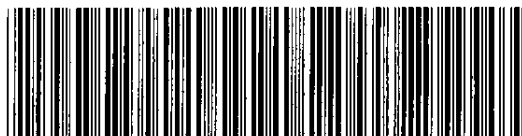
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEW ERA CONSULTING GROUP INC.

**DOCUMENT NUMBER:** PO 6 0004 109 773

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS R. VANDERYT  
(Name of Contact Person)

NEW ERA CONSULTING GROUP INC.  
(Firm/Company)

11708 CLUBHOUSE DR.  
(Address)

BRADENTON FL 34202  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS VANDERYT at ( 941 ) 751 9465  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

☒ \$10 additional fee attached.

*See attached letter.  
\$25 already received by you*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2009

THOMAS R. VANDERYT  
NEW ERA CONSULTING GROUP INC.  
11708 CLUBHOUSE DR.  
BRADENTON, FL 34202

SUBJECT: NEW ERA CONSULTING GROUP INC  
Ref. Number: P06000109773

We have received your document for NEW ERA CONSULTING GROUP INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

*attached* The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 409A00010307

RECEIVED  
2009 APR 13 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

NEW ERA CONSULTING GROUP INC.

SECOND: The document number of the corporation (if known): PO 6000 109 773

THIRD: The date dissolution was authorized: 2-1-2009

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

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)

THOMAS VAN DER RYT

(Typed or printed name of person signing)

PRES.

(Title of person signing)

Filing Fee: \$35

*Additional \$10 Attached*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA