P13000	045019
(Requestor's Name) (Address)	000257351760
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	000257351760 03/05/1401036005 **10.00
(Business Entity Name)	000257351760 02/18/1401055016 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	APPROVED FILED 14 MAR -4 AM 9: 10 SECRETARY OF STATE ALL ANASSEC, FLORID:
Office Use Only	CIEWIS

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C. LEWIN MAR - 6 2014 EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2014

JAMES CONROY 239 SE 3RD TERRACE POMPANO BEACH, FL 33060 US

SUBJECT: JLC MANAGEMENT CONSULTING, INC. Ref. Number: P13000045019

We have received your document for JLC MANAGEMENT CONSULTING, INC. and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$10.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You sent the dissolution form for a general partnership. Your company is a corporation.

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) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 514A00003809

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: JLCMMageman **DOCUMENT NUMBER:** 

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

Please return all correspondence concerning this matter to the following:

James Consay	
(Name of Contact Person)	
JLC Minagement Consulting	
(Firm/Company)	
239 SE 3 AFErrance	
(Address)	
pompanoBoach FL 33050	
(City/State and Zip Code)	

For further information concerning this matter, please call:

P.O. Box 6327

Tallahassee, FL 32314

Janes at (<u>954</u>) 2149139 (Area Code & Daytime Telephone Number) 'on 10m (Name of Contact Person) \$10,00 per letter attached Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations** 

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



## APPROVEU AND FILED

## **ARTICLES OF DISSOLUTION**

SECRETARY OF STAFE 'ALLAHASSEE' FLORIDA

14 MAR -4 AM 9: 10

Pursuant to section 607.1401, 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:

Management The document number of the corporation (if known):  $\mathcal{P}[\mathcal{S}]$ SECOND:

- THIRD: The file date of the articles of incorporation:
- FOURTH: (CHECK AT LEAST ONE BOX)

☑ None of the corporation's shares have been issued.

The corporation has not commenced business.

- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

Signature: (By a 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.) (Typed or printed name of person signing) President

Filing Fee: \$35

(Title of Person Signing)