P95000002149

(Requestor's Name)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations Articles of Dissolution - Laurel Consulting Group, Inc. SUBJECT: P95000002149 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stephanie Hand-Cannane, Esq. (Name of Contact Person) Weston Hurd LLP (Firm/Company) 1300 East 9th Street, Suite 1400 (Address) Cleveland, Ohio 44114 (City/State and Zip Code) For further information concerning this matter, please call: Stephanie Hand-Cannane (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: 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 Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

FILED Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles: 18

of dissolution:

ARTICLES OF DISSOLUTION

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TALLAHASSEE. FL

	""M33EE, F
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Laurel Consulting Group, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: November 1, 2024
	Effective date of dissolution if applicable: November 1, 2024
	(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:	Dissolution was approved by the shareholders, in the manner required by this chapter and 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)
	Carol Srdoch
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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 requ	aired when filing a voluntary dissolution.
Name of Corporation:	
The above named corporation is the subject of dissolution and the November 1, 2024	effective date of a dissolution is:
(date filed with the Dept. if date specified	in the Articles of Dissolution)
Description of information that must be included in a claim:	
All material information concerning the purported basis of the alleged cl	aim, including but not limited to all parties involved.
the relevant date(s), the amount of the claim, and a copy of the documen	t upon which the alleged claim is asserted.
Mailing address where written claims can be sent: (Claims cannot	be sent to the Division of Corporations)
Stephanie Hand-Cannane, Esq.	
Weston Hurd LLP	
1300 Fast 9th Street, Suite 1400	
Cleveland, Ohio 44114	
A claim against the above named corporation will be harred unless within 4 years after the filing of this notice.	s a proceeding to enforce the claim is commenced
Stephanie Hand-Cannane, Esq. Printed Name of the Person Filing	Signature of the Person Filing
a consequence of the control thank	to the section of the

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