

L14000061502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

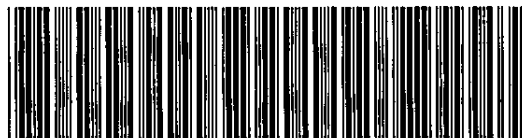
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
14 OCT 27 PM 12:35

OCT 30 2014  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDICAL MARIJUANA DEPOSIT & PAYMENT CONSULTING LLC  
(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:

JEFFREY THOMPSON  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3015 N. OCEAN BLVD  
(Address)

FORT LAUDERDALE, FL 33308  
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY THOMPSON at ( 260 ) 804-2119  
(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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
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  
MEDICAL MARIJUANA DEPOSIT & PAYMENT CONSULTING LLC
2. The Articles of Organization were filed on 04/15/2014 and assigned  
document number L14000061502
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
Company never operated, no TIN issued. All members (1) agree to dissolve.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

Jeffrey Thompson  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**