

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4Quarters Dollar Tree 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:

Lillian Velez
(Name of Person)
4Quarters Dollar Tree LLC
(Firm/Company)
16429 Tanglewood Ave
(Address)
Port Charlotte, FL 33954
(City/State and Zip Code)

For further information concerning this matter, please call:

Lillian Velez at 941 276-0236
(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)

17 APR - 3 PM 3:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
4 Quarters Dollar Tree LLC

2. The Articles of Organization were filed on January 20, 2016 and assigned
document number 11600001403

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)
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.

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).

Store never came into existence due loan denial and the company we were working with defrauded us and did not want to refund our initial down payment.

5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs: Lillian Velez

16429 Tanglewood Ave

Port Charlotte, FL 33954

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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:

Lillian Velez

Signature

Lillian Velez

Printed Name

FILING FEE: \$25.00