

L22 000 175 296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

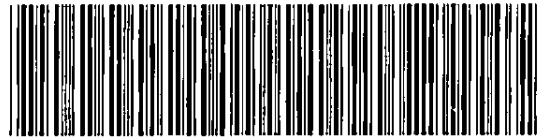
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500405914685

04 04/23- 09:17:011 **3510

5/23/23
VLD

2023 APR -4 AM 9:17
SECRET STATE
ASSIST. FL
FILED

Cards Against Your Partner LLC Dissolution Cover Letter

Zachary Davis

16113 E. Edinburgh Dr.

Loxahatchee, FL 33470

We are dissolving this LLC, document number L2200017529, due to lack of resources.

For any questions or concerns please contact Zack Davis at 561-602-0255 or email at

zdavis2450@gmail.com.

Thank you,

Zachary Davis

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDS AGAINST YOUR PARTNER 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:

Zachary Davis

(Name of Person)

Cards Against Your Partner LLC

(Firm/Company)

16113 E. Edinburgh dr

(Address)

Loxahatchee, FL 33470

(City/State and Zip Code)

For further information concerning this matter, please call:

Zachary Davis at (561) 6020255

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is _____

2. The Articles of Organization were filed on 04/12/2022 and assigned
document number L22000175296

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).

Lack of resources to continue regular operations.

2023 APR -4 AM 9:17
STATE DEPT. OF STATE
TALLAHASSEE, FL

FILED

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

16113 E. Edinburgh Dr.

Loxahatchee FL, 33470

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

Zachary Davis

Printed Name

FILING FEE: \$25.00