## L15000151293

	(Requestor's Name)			
	(Address)			
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(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

	ision of Corporations				
CEDIECT.	NORTH AMERICAN PAYMENT SYSTEM	AS LLC			
SUBJECT: (Name of Limited Liability Company)					
The enclosed	f Articles of Dissolution and fee(s) are submit	ted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	ZULFIER RAJAKARIAR				
(Nume of Person)					
(Erm'Company)					
	4995 NW 72ND AVENUE				
	(Address)				
	MIAMI, FL 33166				
	(City/Sto	te and Zip Code)			
For further i	nformation concerning this matter, please call				
		et ( )			
	(Name of Person)	nt () (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		Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	J. Box 6327 Hahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liab NORTH AMERICAN PAYS	•	<u> </u>
2. The Articles of Organization	on were filed on <u>09/03/2015</u>	and assigned
document number L15000	151293	
ivote: If the date inserted in	the dissolution if not effective on the date of five date cannot be prior to or more than 90 days later than this block does not meet the applicable statutory five date on the Department of State's records	iling: 12/31/2019 date document is received for filing) ling requirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes,	te that resulted in the limited liability company (copy 605.0707 on back cover letter).	's dissolution pursuant to section
	FAILED - VOLUNTRARILY DISSOLVED	CORC AH
LLC BUSINESS VENTURE	FAILED - VOLUNTRARILY DISSOLVED	7-4 TARY IASSE
LLC BUSINESS VENTURE	FAILED - VOLUNTRARILY DISSOLVED	E.F.S.
		ATE Ring
5. If there are no members, e activities and affairs:	nter the name and address of the person appoin	ted to wind up the company's
<ol> <li>Signature of an authorized above to wind up the compan</li> </ol>	person or if there are no members, the signatury's activities and affairs:	re of the person appointed and listed
TR.	Zother d	C. Laja Basia T
Signature		inted Nonic

FILING FEE: \$25.00