L0500049948

| (Red | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Add | dress) | |
| (Add | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| | | |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only







RECEIVED

JUN 1 9 2023

D CONNELL

| n P | , | | | |
|--------|---|--|---|--|
| | | | 1 | |

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MERCHANTADVANTAGE LLC

Please Debit FCA00000003 For: 25

Thank you Seth Neeley

| 2 | AQ/ |
|-----------|-----|
| Signature | |

| | Trade/Service Mark |
|-------------|--------------------------------|
| | Merger File |
| | Ait. of Amend, File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| <u></u> | Cert. Copy |
| <u> </u> | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| | Fictitious Owner Search |
| | Vehicle Search |
| | Driving Record |
| | UCC or 3 File |
| <u>-</u> | UCC 11 Search |
| | UCC Retrieval |

Courier_

Art of Inc. File_____

L.C. File_____

LTD Partnership File_____ Foreign Corp. File_____

Fictitious Name File

Requested by: seth

06/14/23

Name

Date

Will Pick Up

e Time

Walk-In _____

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MERCHANTADVANTAGE 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:

DAVID NEPO

(Name of Person)

(Firm/Company)

20165 NE 39TH PL #202

(Address)

AVENTURA FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID NEPO

(Name of Person)

Enclosed is a check for the following amount:

S25.00 Filing Fee and Certificate of Dissolution

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 305 ,8000

(Area Code & Daytime Telephone Number)

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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 |
|----|--|
| | MERCHANTADVANTAGE LLC |

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

ALL AHADSEE, FLC

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

DAVID NEPO

Printed Name

FILING FEE: \$25.00