

L07000122656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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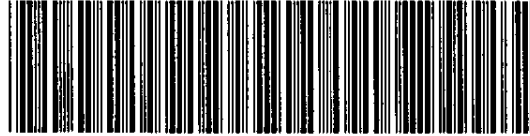
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/15--01012--004 **25.00

FILED
2015 APR 29 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY - 6 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Cypher Enterprises, LLC
1 Step Ahead Courier Service
(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:

Michael A. Cypher SR.
(Name of Person)

Michael Cypher Enterprises LLC / 1 Step Ahead Courier Services
(Firm/Company)

6242 ARTHUR DURHAM DRIVE
(Address)

JACKSONVILLE, FL 32210
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Cypher SR at (904) 635-5412
(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

FILED

2015 APR 29 AM 11: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Michael Cypher Enterprises, LLC

2. The Articles of Organization were filed on 12-11-2007 and assigned

document number 207000122656

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).

OWNER IS DISABLED AND CAN NO
LONGER PERFORM SERVICES

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

Michael A. Cypher SR.
6242 ARTHUR DURHAM DR.
JACKSONVILLE, FL 32210
904-635-5412

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:

Michael A. Cypher SR.
Signature

Michael A. Cypher SR.
Printed Name

FILING FEE: \$25.00