

L08000000465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 13 2012

EXAMINER

February 29, 2011

State of Florida
Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Subject: Dissolution of Phone Programs Int'l LLC
Document Number L08000000465.

Dear Sir or Madam:

The enclosed Articles of Dissolution and Notice of Corporate Dissolution submitted for filing. Please return all correspondence to the following:

Peter Saltz
17062 Newport Club Dr
Boca Raton, FL 33496

For further information on this matter, please call the above named person at 561 998 7182.

Enclosed is a check for \$35 for the filing fee.

Very truly yours,



Peter Saltz

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

FIRST: The name of the limited liability company is Phone Programs Int'l LLC (d/b/a Bucks4Cell);

SECOND: The articles of organization were filed on January 2, 2008 and assigned document number L08000000465;

THIRD: The dissolution was approved on February 24, 2012. The effective date of dissolution is February 29, 2012.

FOURTH: Dissolution was approved by all Members at a meeting of the Members on February 24, 2012;

FIFTH: Adequate provision has been made for all debts, obligations and liabilities pursuant to s 608.4421;

SIXTH: All remaining property has been distributed among the members in accordance with their rights and interest;

SEVENTH: There are no suits pending against the company in any court.

Signed this 24th day of February 2012

Signature: _____


Peter Saltz
Managing Member

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation: Phone Programs Int'l LLC (d/b/a Bucks4Cell)

Date of dissolution: February 29, 2012

Description of information that must be included in a claim:


1. Name and address of the company submitting claim and the contact person and phone number;
2. Date(s) of and description of the service(s) or product(s) supplied to Phone Programs Int'l LLC.
3. Copy of any and all invoice(s) previously provided to Phone Programsd Int'l LLC covering the claim.

Mailing address where claims can be sent:

Peter Saltz
17062 Newport Club Dr
Boca Raton FL 33496

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Peter Saltz
Printed Name of the Person Filing


Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA