

D. BRUCE
AUG 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cyberczar, 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:

Theresa Czarnecki

(Name of Person)

Cyberczar, LLC

(Firm/Company)

6125 Woodbury Rd.

(Address)

Boca Raton, Florida 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Czarnecki
(Name of Person)

at (561) 376-4226
(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

SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of a limited liability company is

Cyberczar, LLC

2. The Articles of Organization were filed on 1/15/2008 and assigned
document number L080000005594

3. The delayed effective date the dissolution if not effective on the date of filing: 7/7/2020
(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).

Death of member: Stanley Czarnecki,

date of death: June 8, 2020

And on written consent of remaining
sole member.

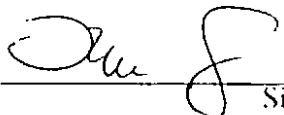
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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TALLAHASSEE, FL

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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

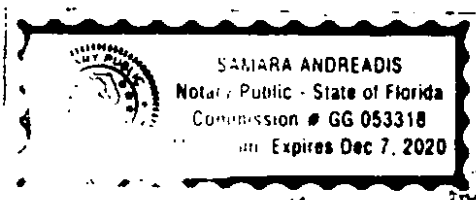
Theresa Czarnecki, member
Printed Name

FILING FEE: \$25.00

State of Florida

County of Palm Beach

The foregoing article of dissolution for a limited liability company was acknowledged before me this
7th day of July, 2020 by Theresa Czarnecki



Samara Andreadis
Signature of Notary Public

Exp. 12/7/2020

Personally known: ✓

Or produced identification: _____

Type of identification produced: _____

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TALLAHASSEE, FL