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SECRETARY OF STATE

N. JUN 1 - 2009

COVER LETTER

TO: Registration Section Division of Corporations.
SUBJECT: (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:
HA CHERNEY (Name of Person)
(Firm/Company)
1849 S. Ocean Dr. Act 502
(Address)
Hallandale, FL, 33009
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (QSV) 839 S740 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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



1. The name of a limited liability company is	CASH ON	Demar	SECRETARY C LAHASSEE	E STATE ELORIDA
2. The Articles of Organization were filed on	iabolacos		and assigned do	cument number
3. The date the dissolution was approved:	120/2009	•		
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on bar	ck cover letter).		olution pursuant	
•			·	
5. CHECK ONE: All debts, obligations and liabilities of OR-OR-Adequate provision has been made for 6. All remaining property and assets have been disrights and interests. 7. CHECK ONE: There are no suits pending against the OR-OR-Adequate provision has been made for entered against it in any pending suit.	the debts, obligation stributed among its company in any cou	ns and liabilit members in a art.	ties pursuant to	s. 608.4421. their respective
Signatures of the members having the same percentage	ge of membership ir	iterests neces	sary to approve	the dissolution:
100%		HA CH	Printed Name	100/0
	40000000			
				<u>, , , , , , , , , , , , , , , , , , , </u>