

LD9000004822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

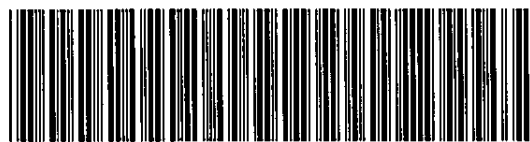
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400253974114

400253974114  
01/27/14--01045--007 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2014 JAN 27 PM 2:30

FILED

JAN 30 2014  
U.S. MARSHAL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASHP 2, 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:

John Greer

(Name of Person)

Cashp 2, LLC

(Firm/Company)

1502 W. Fletcher Ave., Suite 103

(Address)

Tampa, FL 33612

(City/State and Zip Code)

For further information concerning this matter, please call:

John Greer

(Name of Person)

at 813 240 3988

(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

FILED  
2014 JAN 27 PM 2:30  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

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

1. The name of a limited liability company is

Cashp 2, LLC

2. The Articles of Organization were filed on 7/6/2009 and assigned  
document number L09000064822

3. The delayed effective date the dissolution if not effective on the date of 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).

Completion of business

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

John Greer

1502 W. Fletcher Ave., Suite 103

Tampa, FL 33612

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

Printed Name

John Greer

**FILING FEE: \$25.00**

2014 JAN 27 PM 2:30  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**FILED**