

L10000023129

(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



200267448112

02/05/15--01015--006 \*\*25.00

FILED

2015 FEB -5 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Giffen

FEB 12 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHAS of North America, 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:

Amy B. Seelman

\_\_\_\_\_  
(Name of Person)

CHAS of North America, LLC

\_\_\_\_\_  
(Firm/Company)

6104 Tarawood Drive

\_\_\_\_\_  
(Address)

Orlando, FL 32819

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy B. Seelman

407

909-8866

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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 FEB -5 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**CHAS of North America, LLC**

2. The Articles of Organization were filed on 03/02/2010 and assigned  
document number L10000023129

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).

After completion of the Research & Development phase of the business plan in 2012,

our marketing strategy changed and therefore we decided to dissolve the company

effective Dec. 31, 2012.

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

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

Amy B. Seelman

Printed Name

**FILING FEE: \$25.00**