L11000127448

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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02/12/14--01023--014 **25.00

01/22/14--01027--017 **25.00

2014 FEB 11 PH 4: 27

FEB 1 2 2014 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2014

POST-FORMATION FILINGS MY CORPORATION BUSINESS SERVICES, INC. 23586 CALABASAS RD., SUITE 102 CALABASAS, CA 91302

SUBJECT: COLLEGEVETERAN LLC

Ref. Number: L11000127448

We have received your document for COLLEGEVETERAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 114A00001751

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COVER LETTER

TO: Registration S Division of C			
SUBJECT: COLLEC	SEVETERAN LLC		
	(Name of L	imited Liability Company)	
	of Amendment and fee(s) are supported this matter	-	
	Pos	t-Formation Filings	
		(Name of Person)	
	My Corporat	ion Business Services, Inc.	
		(Firm/Company)	**************************************
	23586 Ca	alabasas Rd., Suite 102	20 E
	(Address)		
	Cala	abasas, CA 91302	
-	(Cit	y/State and Zip Code)	SSEE P
For further information	n concerning this matter, please	call:	PM 4:27
	Post Formations	at (_877 692-67	, e
	(Name of Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check for the	. ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MA	ILING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is COLLEGEVETERAN LLC		
2. The Articles of Organization were filed on	11/08/2011	and assigned document numbe
3. The date the dissolution was approved: 01/17/20	14	
4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back	mited liability company's cover letter).	s dissolution pursuant to section
upon the written consent of all the members of the li	imited liability company.	
5. CHECK ONE:		
All debts, obligations and liabilities of the OR- Adequate provision has been made for the		•
 All remaining property and assets have been distrights and interests. 		
7. CHECK ONE:		
There are no suits pending against the con-OR-Adequate provision has been made for the entered against it in any pending suit.	•	gment, order or decree which may be
gnatures of the members having the same percentage	of membership interests	necessary to approve the dissolution:
Signature		Printed Name
// lolf/	Paul Szold	lra, Member

FILING FEE: \$25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

COLLEGEVETERAN 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:

Post-Formation Filings

(Name of Person)

My Corporation Business Services, Inc.

(Firm/Company)

23586 Calabasas Rd., Suite 102

(Address)

Calabasas, CA 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formations

at

377 (692-677*2*

(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

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upon the written consent of all the members of the	limited liability company.	
		2014 TAI
5. CHECK ONE: All debts, obligations and liabilities of the OR- Adaptite provision has been reads for the	•	
Adequate provision has been made for the 6. All remaining property and assets have been distrights and interests.		
7. CHECK ONE:		
There are no suits pending against the corporation of the corporation has been made for the entered against it in any pending suit.	•	ment, order or decree which may be
gnatures of the members having the same percentage	of membership interests	necessary to approve the dissolution:
Signaturo		Printed Name
	Paul Szoldr	a, Member
		

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upon the written consent of all the members of the	imited liability company.	
		2014
5. CHECK ONE:		· · · · · · · · · · · · · · · · · · ·
 ☑ All debts, obligations and liabilities of th OR-OR-Adequate provision has been made for the 6. All remaining property and assets have been distrights and interests. 7. CHECK ONE: ☑ There are no suits pending against the co-OR-OR-Adequate provision has been made for the entered against it in any pending suit. 	ne debts, obligations and ibuted among its membe mpany in any court.	liabilities pursuant to s. 608:4421.
ignatures of the members having the same percentage	of membership interests	necessary to approve the dissolution:
Signature		Printed Name
	Paul Szold	ra, Member
	· 	