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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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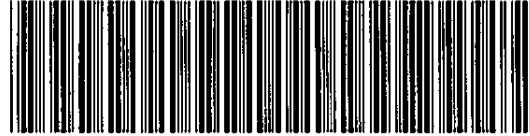
(Business Entity Name)

(Document Number)

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

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2014 DEC -5 PM 4:10  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

N. Gulligan DEC 11 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASHBOX INVESTMENTS 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:

GREG MERCER

(Name of Person)

(Firm/Company)

10801 FOXGATE COURT

(Address)

DOUGLASS HILLS, KY 40223

(City/State and Zip Code)

For further information concerning this matter, please call:

GREG MERCER, *MANAGER*

(Name of Person)

at ( 561 ) 633-8174

(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
CASHBOX INVESTMENTS LLC

2. The Articles of Organization were filed on DECEMBER 20, 2011 and assigned

document number L11000142423

3. The delayed effective date the dissolution if not effective on the date of filing: DECEMBER 31, 2014  
(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).

DISSOLUTION BY CONSENT OF ALL MEMBERS OF THE LIMITED

LIABILITY COMPANY

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

10801 FOXGATE COURT

DOUGLASS HILLS, KY 40223

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:

Donna Lehman  
Signature

GREG MERCER

Printed Name

Donna Lehman

FILING FEE: \$25.00