

L12000075501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

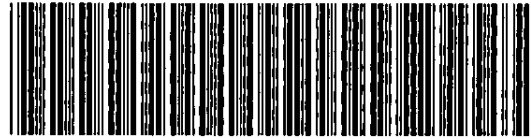
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/16/14--01011--014 **25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 22 2014
J. BRIDGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

CZT Apps

(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:

Carin Anderson

(Name of Person)

(Firm/Company)

5156 Fairway Oaks Dr.

(Address)

Windermere, FL. 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Carin Anderson

(Name of Person)

at (*407*) *722-1550*

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

1. The name of a limited liability company is C2T Apps
2. The Articles of Organization were filed on 6/6/2012 and assigned
document number L12000075501
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).

NA

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

NA

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
Carin And

Printed Name
Carin Andersen

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA