L12000101712

		•
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	e #/
(01)	ty/Otate/Lip/i Hone	- π ,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
	ocument Number)	
(· · · · · · · · · · · · · · · · · · ·	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

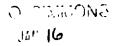
Office Use Only



200322053022

01/11/19--01008--012 **25.60

9 JAN 11 PH 3: 50



COVER LETTER

TO:

Registration Section Division of Corporations

SHRJECT

ZUB Investements, 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:

Gary Brookmyer

(Name of Person)

Gary Brookmyer, P.A.

(Firm/Company)

3300 PGA Boulevard; Suite 500

(Address)

Palm Beach Gardens, Florida 33410

(City/State and Zip Code)

For further information concerning this matter, please call

Gary Brookmyer

(Name of Person)

516

624-2110

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

₹5.00 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

1.	The name of a limited liability company is ZUB Investments, LLC
2.	The Articles of Organization were filed on and assigned and assigned
	document number <u>L12000101712</u>
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
	Decision to cease operations
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
1	
7	Signature Printed Name
_	FILING FEE: \$25.00