

L12000139487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

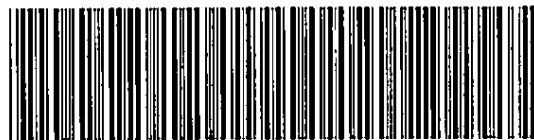
(Business Entity Name)

(Document Number)

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2021 APR 15 AM 8:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Cha-Ching Group 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:

Michael LLOYD Hollimon Sr.

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

The Cha-Ching Group LLC.

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

17341 Robinson Ave

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

Port Charlotte, Florida 33948

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

For further information concerning this matter, please call:

Michael L. Hollimon Sr.

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

216

407-7019

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

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is  
The Cha-Ching Group LLC.

2. The Articles of Organization were filed on 11/02/2012 and assigned  
document number L12000139487

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2021  
(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).  
No longer need LLC

No longer need LLC

No longer need LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Michael L. Hollimon Sr.  
17341 Robinson Ave  
Port Charlotte, Florida 33948

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:

Michael Lloyd Hollimon Sr.  
Signature

Michael LLoyd Hollimon Sr.

Printed Name

**FILING FEE: \$25.00**

2021 APR 15 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED