

413 0000 33093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

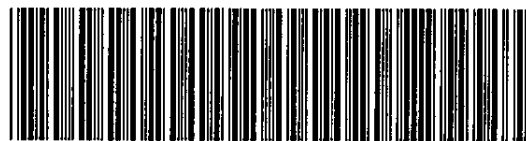
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500256839425

02/18/14--01020--004 \*\*25.00

J. Strivers FEB 19 2014  
SECRETARY OF REVENUE  
14 FEB 18 AM 10:13  
FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CEM Suplier Intl, 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:

Gianni Scioscia

(Name of Person)

CEM Supplier Intl, LLC

(Firm/Company)

4720 SW 165th Ave

(Address)

Miramar, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

Gianni Scioscia

(Name of Person)

at ( 954 ) 392-4913

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

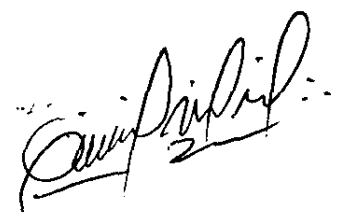
\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

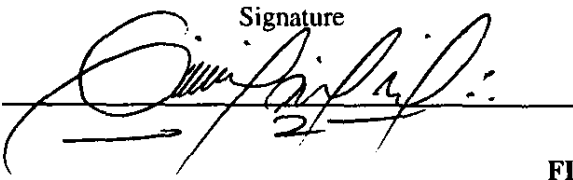
**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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

1. The name of a limited liability company is  
CEM Supplier Intl, LLC
  
2. The Articles of Organization were filed on 03/05/2013 and assigned  
document number L13000033093
  
3. The delayed effective date the dissolution if not effective on the date of filing: N/A
  
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).  
This entity did not engage at all in any business activity, as the members  
had planned and consequently decided not to pursue at this time and dissolve it.
  
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: N/A
  
  
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	Printed Name
	<u>Gianni Scioscia</u>

**FILING FEE: \$25.00**

14 FEB 18 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA