

L13 0000 65259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

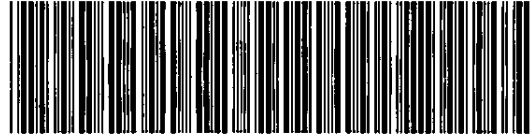
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/14--01009--004 **25.00

FILED
14 MAY 22 AM 10:31
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prepaid Management 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:

Robert Morcos

(Name of Person)

Social Mobile Telecommunications

(Firm/Company)

16400 NW 2 Ave Ste 201

(Address)

Miami, FL 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Morcos

(Name of Person)

at (786) 657-3080

(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

Prepaid Management LLC

2. The Articles of Organization were filed on 5/03/2013 and assigned

document number L13000005259

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)

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).

I WAS BOUGHT OUT BY MY OTHER PARTNERS. THEY
TOOK THIS BUSINESS AND PUT IT UNDER THEIR NEWEST
COMPANY; PREPAID PARTNERS LLP.

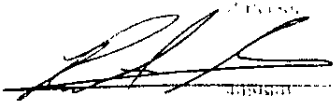
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

The Infurna Law Firm, P.A.

69 east pine street

Orlando, FL 32801

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

ROBERT MORCOS

Printed Name

FILING FEE: \$25.00

WINTER
REGISTRATION
REPORT
7
11-223-4

STREET COURIER & DELIVERY
Registration Section
Tallahassee, FL 32301
2661 Executive Center Drive
Tallahassee, FL 32301