U70000 66781

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instruction	s to Filing Officer:				

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ATTORNEYS AT LAW

2295 NW CORPORATE BOULEVARD • SUITE 117 BOCA RATON, FLORIDA 33431 TEL: 561-864-0000 • FAX: 561-864-0001 E-MAIL: BFLAW@BLOOM-FREELING.COM

MICHAEL A. FREELING* +
ALSO ADMITTED IN
• NEW YORK

JONATHAN BLOOM**

ALSO ADMITTED IN

NEW YORK

CONNECTICUT

+WASHINGTON D.C.

January 6, 2015

VIA OVERNIGHT DELIVERY

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

Re:

Request for Certificate of Dissolution

Predator Capital, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Dissolution for Predator Capital, LLC, as well as check number 6256, in the amount of \$25.00 for required filing fee.

Also enclosed is a self-addressed, prepaid envelope for return of stamped copy.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Jonathan Bloom

JB/kk

Enc.

COVER LETTER

	stration Section sion of Corporations						
CHD IECT.	Predator Capital, LLC						
SUBJECT:(Name of Limited Liability Company)							
The enclosed	Articles of Dissolution and fee(s) are submitt	ed for filing.					
	all correspondence concerning this matter to	-					
	Jonathan Bloom, Esq.						
	(Nan	ne of Person)					
	Bloom & Freeling, Attorneys At	Law					
	(Fire	n/Company)					
	2295 NW Corporate Blvd., Suit	7, 1, 11, 11, 11, 11, 11, 11, 11, 11, 11					
		Address)					
	Boca Raton, Florida 33431	12' 0 1)					
	(City/Sta	te and Zip Code)					
For further in	formation concerning this matter, please call:						
Joi	nathan Bloom, Esq.	561 864-0000					
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)					
Enclosed is a c	heck for the following amount:						
✓ \$25.0	00 Filing Fee and Certificate of Dissolution	 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) 					
	MAILING ADDRESS:	STREET/COURIER ADDRESS:					
Registration Section		Registration Section					
	Division of Corporations Division of Corpora P.O. Box 6327 Clifton Building						
	Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	of a limited liability Capital, LLC	company is			···········
2. The Article	es of Organization	were filed on May 7, 20	13	and assigned	
document	number L130000	66781			
3. The delaye	ed effective date the (effective da	e dissolution if not effectivate cannot be prior to or more that	e on the date of filing: in 90 days later than date d	cocument is received for fili	ng)
4. A descripti 605.0707, I	ion of occurrence the Florida Statutes, (co	nat resulted in the limited I	iability company's dis r letter).	ssolution pursuant to s	ection
The Com	pany did not tra	nsact any business ar	d there is no need	to continue	
					_
keep the	Company open				
5. If there are activities a		the name and address of t	he person appointed to	o wind up the compan	y's
	-			- A (1)	-5
					JAN
6. Signature of listed above to	of an authorized pe o wind up the comp	rson or if there are no men pany's activities and affairs	nbers, the signature of	the person appointed OF S	and [
		J	onathan Bloom, At	torney for Li	G G
	Signature		Printed		

FILING FEE: \$25.00