

L17 000108563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Machi All In One, 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:

Chompoohnoot Zhang

(Name of Person)

Machi All In One, LLC

(Firm/Company)

10850 Wild Cotton Ct.

(Address)

Land O Lakes, FL 34638

(City/State and Zip Code)

For further information concerning this matter, please call:

Chompoohnoot Zhang

(Name of Person)

at ( 727 ) 835-9563

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

1 \$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  
Machi All In One, LLC
2. The Articles of Organization were filed on 08/01/2013 and assigned  
document number L13000108503
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).  
There is no sales and the managers do not wish to continue the business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Chompoohnoot Zhang 10850 Wild Cotton Ct. Land O Lakes,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Chompoohnoot Zhang

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA