Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000152252 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

## LLC DISSOLUTION OR WITHDRAWAL CAPITAL PAWN II OF FLORIDA LLC

|            | FM 11: 03       | CE STATE<br>PORATIONS<br>E. FLORIDA |
|------------|-----------------|-------------------------------------|
|            | ·               | 3 - 1 - 1 - 1                       |
| 7 1        | -               |                                     |
| €' '       | 2<br>3.7<br>3.2 |                                     |
| *=         | 4 A.            | ي ر                                 |
| Ĭ          | سطو             | 1000                                |
| A Party of | وسي<br>اردي     | REF                                 |
| (a,        | £.              |                                     |

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX MAY 0 2 2023

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| i.  | The name of a limited liability company is  |   |  |
|---|---|---|--|
|   | CAPITAL PAWN II OF FLORIDA LLC  |   |  |
| 2.  |   | 9/19/2013 and assigned  |  |
|   | document number L13000132887  | <del></del>   |  |
| 3.  | The delayed effective date the dissolution if teffective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the Do | prior to or more than 90 days later than date document is received for filing) s not meet the applicable statutory filing requirements, this date will not be |  |
| 4.  | A description of occurrence that resulted in t 605.0707, Florida Statutes, (copy 605.0707 o   | he limited liability company's dissolution pursuant to section n back cover letter).  |  |
|   | The limited liability company is no longer of   | doing business in Florida.  |  |
|   |   | 2[[23 H \ \   |  |
| 5. If there are no members, enter the name and address of the person appointed to wind up |   |   |  |
|   | activities and affairs:   |   |  |
|   |   |   |  |
|   |   | 32  |  |
|   |   |   |  |
| 6.<br>ab  | Signature of an authorized person or if there sove to wind up the company's activities and a  | are no members, the signature of the person appointed and listed iffairs:   |  |
|   | SS)   | Saray Djidji, Attorney in Fact  |  |
| _   | Signature   | Printed Name  |  |

FILING FEE: \$25.00