

L13000 143 936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

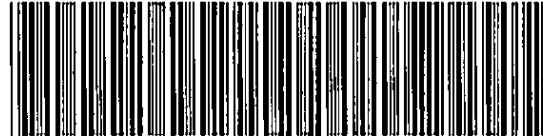
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/17--01010--001 **25.00

FILED
17 OCT 26 AM 10:39
SECURITY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CK NOW OF PBO, 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:

WAI CHAN

(Name of Person)

US ACCOUNTING, INC.

(Firm/Company)

P.O. BOX 668

(Address)

NEW YORK, NY 10002

(City/State and Zip Code)

For further information concerning this matter, please call:

WAI CHAN

(Name of Person)

888 263-1998

(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

CK NOW OF PBO, LLC

2. The Articles of Organization were filed on 10/11/2013 and assigned

document number L13000143936

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)

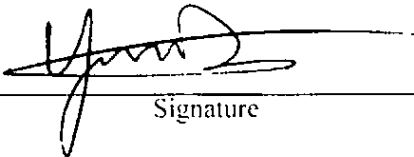
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The consent of all the members.

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

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

YUNDAN REN

Printed Name

FILING FEE: \$25.00

FILED
17 OCT 26 AM 10:39
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Sworn Statement
of
Voluntarily Business Closing

STATE OF FLORIDA

COUNTY OF PALM BEACH

I, Yundan Ren am the Managing Member of CK NOW
OF PBO, LLC. This is a signed statement from my company that I have
voluntarily discontinued my business and all its operations have ceased on
3/6/2017. I have surrendered the business location at 1741 PALM BEACH
LAKE DR., #F01, WEST PALM BEACH, FL 33401 and authorize U.S.
Accounting, Inc. to file all tax accounts closing and Certificate of Dissolution
on my behalf. I understand that I shall be liable and responsible for any
false statement and misrepresentation filed.

/s/ 
Managing Member