

L13000150646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

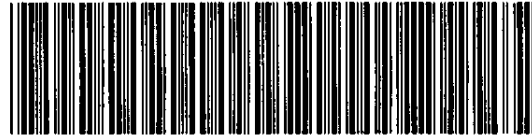
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 04 2014

D. PRINCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CKMAST, L.L.C.  
(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:

Cindy Mastice  
(Name of Person)

CKMAST, L.L.C.  
(Firm/Company)

7837 Long Cove Way  
(Address)

Port Saint Lucie FL 34986  
(City/State and Zip Code)

CLERK OF COURT  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Cindy Mastice at (772) 242-1164  
(Name of Person) (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

CKMAST, L.L.C.

2. The Articles of Organization were filed on Oct. 25, 2013 and assigned  
document number L13000150646

3. The delayed effective date the dissolution if not effective on the date of 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 a 1099 Consultant and needed an LLC.  
I didn't work as a 1099 and didn't need  
the LLC, therefore need to dissolve.  
I also need to terminate the EIN 46-4547654

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

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

Cindy Mastice

Printed Name

Cindy Mastice

**FILING FEE: \$25.00**

**FILED**  
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TALLAHASSEE FLORIDA