

L14000004510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

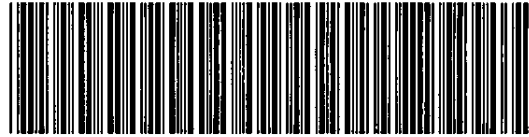
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**To:** Florida Department of State, Division of Corporations

**Re:** Dissolution of Zera Capital Investments LLC

**Please return all correspondence to the address below.**

**Contact:**

Czarina Harris  
4609 Andrus Ave  
Orlando, FL 32804  
407-595-9230

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zera Capital Investments 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:

Czarina Harris

(Name of Person)

(Firm/Company)

4609 Andrus Ave

(Address)

Orlando, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

Czarina Harris

(Name of Person)

at ( 407 ) 595-9230

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

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1. The name of a limited liability company is  
Zera Capital Investments LLC
2. The Articles of Organization were filed on Jan 09, 2014 and assigned  
document number L14000004510
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).  
Questioning of commitments & priority which resulted in irreconcilable differences between 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: Czarina Harris

4609 Andrus Ave

Orlando, FL 32804

Czarina Harris

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

Printed Name

Czarina Harris

Czarina Harris

**FILING FEE: \$25.00**

**FILED**  
2014 FEB -7 PM 4:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA