

214 0000 16120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

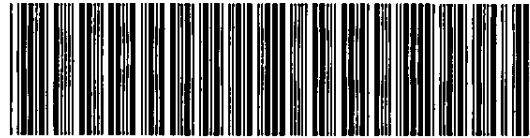
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/13/15--01016--014 **25.00

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15 JAN 13 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 24 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bill Payment Center & Deli, 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:

Russell Booden

(Name of Person)

(Firm/Company)

6604 Austin Creek Dr.

(Address)

Wake Forest, NC 27587

(City/State and Zip Code)

For further information concerning this matter, please call:

Russell Booden

(Name of Person)

at

(919) 816-6363

(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

Bill Payment Center & Deli, LLC

2. The Articles of Organization were filed on 1-29-14 and assigned

document number L14000016120

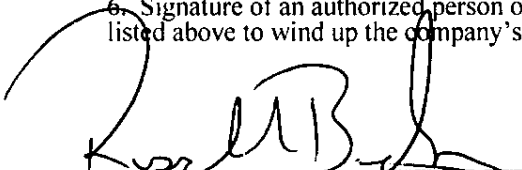
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Went out of business & Moved.

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 listed above to wind up the company's activities and affairs:


Signature

Russell Boodoo
Printed Name

FILING FEE: \$25.00

15 JAN 13 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED