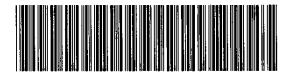
## L140000 17070

(Re	questor's Name)			
(Ad	dress)	_		
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

convenience cash 4 u

(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:

Jehu Aguilar

(Name of Person)

convenience cash 4 u

(Firm/Company)

12500 ne 15th ave 112

(Address)

N. Miami Fl. 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

Jehu Aguilar

<sub>ar</sub> 305

8770671

(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

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# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is convenience cash 4 u			
2.	The Articles of Organization were filed on _	11-04-2014	_ and assigned	
	document number w14000066986 /	1000017030		
3.	The delayed effective date the dissolution if (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the Do	ne dissolution if not effective on the date of filing: 12-30-2014 date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be ive date on the Department of State's records.		
4.	A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707 of	the limited liability company's di	issolution pursuant to section	
	no enough business			
5.	If there are no members, enter the name and activities and affairs:	address of the person appointed	to wind up the company's	
			5 JUL	
6. lis	Signature of an authorized person or if there sted above to wind up the company's activitie	e are no members, the signature of and affairs:	f the person appointed and	
	1/1/		6: 5 ORI	
1	fulu Ugulia	Jehu Aguilar	32 d	
1	Signature	Printed	d Name	

**FILING FEE: \$25.00**