## <u>14000017081</u>

(Re	questor's Name)	
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Ruth Chery & Branden Clark Invoice Pros LLC 714 NW 44<sup>th</sup> Ter #203 Deerfield Beach, FL 33442 April 13, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Registration Section:

Please find attached our request to dissolve the Limited Liability Corporation Invoice Pros along with \$25 filing fee.

If you have any questions, please contact me at 561-573-1266 or 954-980-9596.

Sincerely,

Ruth Chery & Branden Clark

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## **COVER LETTER**

SUBJECT: For further information concerning this matter, please call:    Cherrol   Che	TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to the following:    Ruth Chery (Name of Person)	SUBJECT: Invoice Pros LLC
Please return all correspondence concerning this matter to the following:    Ruth Chery (Name of Person)	
Puth Chery (Name of Person)  (Firm/Company)  714 NW 44 th Ter # 203 (Address)  Weer Field Beach FL 33 442 (City/State and Zip Code)  For further information concerning this matter, please call:  At (561), 573 - 1266 (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\infty\$ \$25.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  \$TREET/COURIER ADDRESS:	The enclosed Articles of Dissolution and fee(s) are submitted for filing.
(Firm/Company)  714 NW 44 th Ter # 203  (Address)  WeerPield Beach FL 33 442  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Persor)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (S25.00 Filing Fee and Certificate of Dissolution  (Area Code & Daytime Telephone Number)  MAILING ADDRESS:  STREET/COURIER ADDRESS:	Please return all correspondence concerning this matter to the following:
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(Firm/Company)  714 NW 44 th Ter #203  (Address)  Dear Field Beach FL 33 442  (City/State and Zip Code)  For further information concerning this matter, please call:  A to 1 561 573 - 1266  (Name of Person)  Enclosed is a check for the following amount:  S25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  STREET/COURIER ADDRESS:	
For further information concerning this matter, please call:    City/State and Zip Code	<b></b>
For further information concerning this matter, please call:    Chery   at (56) 573 - 1266 (Area Code & Dayrime Telephone Number)	(Firm/Company) $\infty$
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Puth Chery (Name of Person)  at (561, 573-1266  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  STREET/COURIER ADDRESS:	Weerfield Beach FL 33442
(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:  \$TREET/COURIER ADDRESS:	For further information concerning this matter, please call:
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Registration Section Registration Section	
Division of Corporations Division of Corporations	Registration Section Registration Section  Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Invoice Pros LLC
2. The Articles of Organization were filed on 1-30-14 and assigned
document number <u>L1400001708</u> [
3. The delayed effective date the dissolution if not effective on the date of filing: 4-1-16  (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).  Office admin B Billing Support
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5. If there are no members, enter the name and address of the person appointed to wind up the company's particular 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:
Bula Ich Branden Clark
Signature Printed Name

**FILING FEE: \$25.00**