

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	TIAW L	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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Office Use Only -



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2014 DEC 19 PH 2: 01
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DEAR, FLORIDA DIVISION OF CORPORATIONS
Registration Section
P.O. Box 6327
Tallahassee,FL,32314

## Attach you can find:

- 1) CAROL LEE, as registered agent changed the street address from 7760 NW78TH Ave. # 112 Tamarac, Florida, 33321 to 520 SE 5th Ave. #2608 Fort Lauderdale, FL, 33301
- 2) DISSOLUTION of S LEE ASSOCIATES LLC, \$25
- 3) change Registered Office SCOCCA & PARTNERS LLC, \$25
- 4) PROCURATOR SERVICE LLC shall change the Registered Agent and Registered Office new REGISTRED AGENTS INC. 3030 N. Rocky Point Drive, STE 150A, \$ 25
- 5) BMN FINANCIAL GROUP INC. shall change the Registered Agent and Registerd Office new REGISTRED AGENTS INC. 3030 N. Rocky Point Drive, STE 150A, \$ 35

Attached CHECK no. 1005 \$ 110

Regards CAROL LEE



### **COVER LETTER**

Division of Corporations						
S LEE & ASSOCIATE LLC						
(Name of Limited	d Liability Comp	any)				
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.					
Diagga ratum all correspondence consequents this secretary at the	C-11					
Please return all correspondence concerning this matter to the	ie following:					
CAROL LEE						
(Name of Person)						
S LEE & ASSOCIATES LLC						
(Firm/Company)						
520SE 5th Ave.# 2608						
(Address)						
Fort Lauderdale,33301, Florida	Fort Lauderdale,33301, Florida					
(City/State and Zip Code)						
For further information concerning this matter, please call:			<b>6</b>			
Carol Lee	831	2629809	PH 2 OF S			
(Name of Person) (Area Code & Daytime Telephone Nur		mber) A				
Enclosed is a check for the following amount:			•			
		ng Fee, Certificate of Dissolution Copy (additional copy is enclos				

### **MAILING ADDRESS:**

TO:

Registration Section

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 liabi	• • •					
2.	The Articles of Organization	n were filed on 03/24/20	014	and assigned			
	document number L14000	0047794	-				
3.	The delayed effective date to (effective	the dissolution if not effect date cannot be prior to or more	ctive on the date of filing than 90 days later than date d	. 12/10/2014			
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).						
	NO ACTIVITY			<u>\</u> 2			
				<b>3 3</b>			
				55 <u>-</u>			
•				<b>9</b>			
				m			
				1. S.			
_		<del></del>	<del></del>				
5.	If there are no members, en	f there are no members, enter the name and address of the person appointed to wind up the company					
	activities and affairs:	CAROL LEE					
		<del></del>					
5. lis	Signature of an authorized p ted above to wind up the cor	person or if there are no many's activities and affa	embers, the signature of airs:	the person appointed and			
	_						
1	Carl Sung	Lee	CAROL LEE				
Signature		Printed Name					

FILING FEE: \$25.00