

L14000115268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900276590949

900276590949
09/04/15--01022--024 **25.00

FILED
15 SEP -4 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 08 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **9009 DISTRIBUTORS 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:

NOEL PEREDA

(Name of Person)

9009 DISTRIBUTORS LLC

(Firm/Company)

9009 NW 105 WAY

(Address)

MEDLEY, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

NOEL PEREDA

(Name of Person)

at (**305**) **467-7571**

(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

9009 DISTRIBUTORS LLC

2. The Articles of Organization were filed on 07/22/2014 and assigned

document number L14000115268

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)

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).

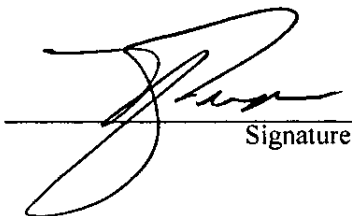
THE MEMBERS OF THE CO. 9009 DISTRIBUTORS LLC FOLLOWING THE OCCURRENCE OF ANY OF

THE EVENTS SPECIFIED IN THIS SECTION WHICH CAUSE THE DISSOLUTION OF THE LLC,

SHALL DELIVER ARTICLES OF DISSOLUTION TO THE DEPARTMENT OF STATE FOR FILING

5. If there are no members, enter the name and address of the person appointed to wind up the company 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:



Signature

NOEL PEREDA

Printed Name

FILING FEE: \$25.00

15 SEP-4 AM 10:41
RECEIVED
DEPT. OF STATE
CORPORATION
DIVISION