

L14000193823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

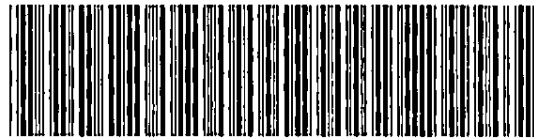
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JAN 22 AM 9:44  
TALLAHASSEE FLORIDA

D. BRUCE  
JAN 28 2019

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 9 Five Four 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:

Remberto Araya  
(Name of Person)  
9 Five Four LLC  
(Firm/Company)  
1012 Pine Branch Court  
(Address)  
Weston, FL 33326  
(City/State and Zip Code)

For further information concerning this matter, please call:

Remberto Araya at (954) 8211012  
(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:**

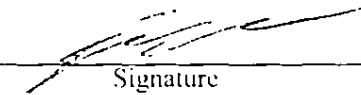
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
9 Five Four LLC
  
2. The Articles of Organization were filed on 12/22/2014 and assigned  
document number L14000193823
  
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).  
No longer in the state of Florida  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
Remberto Araya  
6000 Archdale Drive  
Apt. 6206  
Franklin, TN 37064
  
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:

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Signature

Remberto Araya  
Printed Name

**FILING FEE: \$25.00**