

L15000099776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

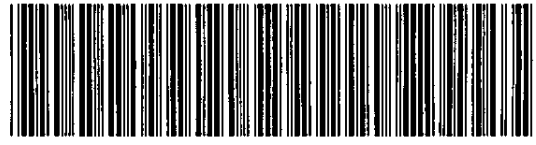
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/02/15--01005--016 **25.00

FILED
2015 JUL -2 AM 11:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL -7 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREDIT FOREVER 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:

XANITXIO G. TONAZZI

(Name of Person)

CREDIT FOREVER LLC

(Firm/Company)

16591 ROYAL POINCIANA DR

(Address)

WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

XANITXIO G TONAZZI at (954) 610-6238
(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

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

FILED

2015 JUL -2 AM 11:17

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
CREDIT FOREVER LLC

2. The Articles of Organization were filed on JUNE 08, 2015 and assigned
document number L15000099776

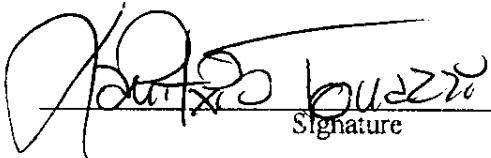
3. The delayed effective date the dissolution if not effective on the date of filing: JUNE 08, 2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, 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).

PARTNERS mutually agree not to proceed
with The business. No business transaction were
conducted under Credit Forever LLC

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

Karitxio Tonazzi
Printed Name

FILING FEE: \$25.00