L15000 207551

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |





300313753783

05/24/18--01008--039 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

SHRJECT:

QCC INVESTMENTS, 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:

ANTHONY MORGAN (Name of Person) QCC INVESTMENTS, LLC (Firm/Company) 234 W. CANEBRAKE BLVD. (Address) HATTIESBURG, MS. 39402

For further information concerning this matter, please call:

ANTHONY MORGAN at (601) 520-3984 (Area Code & Daytime Telephone Number)

(City/State and Zip Code)

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:

٠.

;.

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| i. | The name of a limited liability company is QCC INVESTMENTS, LLC | | | |
|------------|--|---|------------------------------------|--|
| 2. | The Articles of Organization were filed o | n 12/14/2015 | and assigned | |
| | document number L15000207551 | | | |
| 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 605.0707, Florida Statutes, (copy 605.070 | in the limited liability company on back cover letter). | 's dissolution pursuant to section | |
| | COMPANY RELOCATED TO HATTIESBURG, MISSISSIPPI | | | |
| | | | ZOIB H | |
| 5. | If there are no members, enter the name a | and address of the person appoin | ited to wind up the company's | |
| | activities and affairs: | | 1 PH 12 | |
| | | | | |
| 6. list | Signature of an authorized person or if the ted above to wind up the company's activities. | ere are no members, the signatu ities and affairs: | re of the person appointed and | |
| - < | | ANTHONY MORG | | |
| Signature | | Pri | Printed Name | |

FILING FEE: \$25.00