

L16000022279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

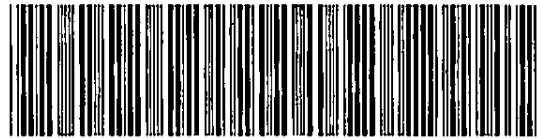
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/05/17--01039--001 **25.00

FILED
17 SEP -5 14 11:26
Filing Office
Tulsa, Oklahoma

D SCOTT

SEP 7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONWAY CAPITAL, 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:

William Conway

(Name of Person)

(Firm/Company)

2987 Pebble Creek Street

(Address)

Melbourne, Florida 32935

(City/State and Zip Code)

For further information concerning this matter, please call:

William Conway

(Name of Person)

at 321 848-5025

(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
CONWAY CAPITAL, LLC

2. The Articles of Organization were filed on FEB 1, 2016 and assigned
document number L 1 6 0 0 0 2 2 2 7 9

3. The delayed effective date the dissolution if not effective on the date of filing: AUG 31 2017
(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).

1. The LLC business registration was not required as I operate as a sole proprietor. 2. There were no employees.

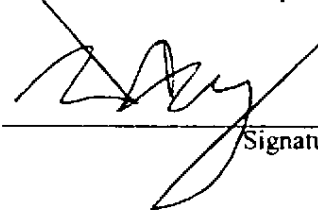
3. There were no commercial business locations requiring registration. 4. There were no products or services

requiring the collection of state or federal taxes. 5. I was wrongfully and expensively Legally advised to set up

this LLC. I am now registered as a sole prioritor and filed a Florida DBA as CONWAY CAPITAL

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: William Conway , 2987 Pebble Creek Steet, Melbourne, FL 32935

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

William Conway

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CONWAY CAPITAL, LLC

Document number of Limited Liability Company is: L 1 6 0 0 0 0 2 2 2 7 9

Date of dissolution was: AUG 31, 2017

Description of information that must be included in a written claim:

CONWAY CAPITAL, LLC

The name of any person or business filing the claim, the date of the incident, the date of the claim

the description of the incident upon which any claim is made and to who it was sent or addressed to.

where the incident for the claim took place, copy of receipts or proof of business real or online with

with CONWAY CAPITAL, LLC. "ANY FALSE CLAIMS TO BE MET WITH A PERSONAL DEFORMATION LAW SUITE."

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

William Conway

2987 Pebble Creek Street

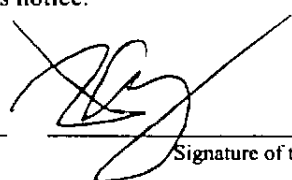
Melbourne, Florida

32935

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

William Conway

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00