

L17000087640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

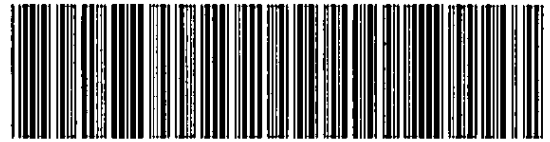
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/09/22 11:12

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Positive Business Solutions 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:

Monique McPherson
(Name of Person)

Positive Business Solutions LLC
(Firm/Company)

4759 N Australian Ave Apt 205
(Address)

West Palm Beach FL 33407
(City/State and Zip Code)

For further information concerning this matter, please call:

Monique McPherson at (561) 801-2921
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Positive Business Solution LLC

Document number of Limited Liability Company is: L17000087640

Date of dissolution was: 9/24/2021

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

of how to cancel or dissolve the business.

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

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.

Monique McPherson

Printed Name of the Person Filing

M. McPherson

Signature of the Person Filing

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

1. The name of a limited liability company is

Positive Business Solutions LLC

2. The Articles of Organization were filed on 4/19/2017 and assigned

document number L17000087640

3. The delayed effective date the dissolution if not effective on the date of filing: 9/24/2021
(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).

This business was a operated call center base,
the business hasnt been in use over a year.

I decided I no longer needed this business.

The reason why it took me so long, I wasnt sure

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

Georgia Watson

4759 N Australian Ave Apt 205

West Palm Beach FL 33407

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:

M. McPherson
Signature

Monique McPherson
Printed Name