# L18000064745

| (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: |  |  |  |
|   |  |  |  |
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Office Use Only



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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 6/13/20                     | 18   | **WALK IN** |
|----------------------------------|--|-------------|
| ENTITY NAME                      | CENTAVIZER, LLC (DISSOLUTION - FILE EIRST)                           |             |
| DOCUMENT NUM                     | BER  |             |
|                                  | **PLEASE FILE THE ATTACHED AND RETURN**                              |             |
|                                  | Plain Copy   |             |
| <u>xxxxxxxxxx</u>                | Certified Copy<br>Certificate of Status                              |             |
|                                  | **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**                 |             |
|                                  | Certified Copy of Arts & Amendments                                  |             |
|                                  | Certificate of Good Standing   |             |
|                                  | **APOSTILLE' / NOTARIAL CERTIFICATION**                              |             |
| COUNTRY OF DES<br>NUMBER OF CERT | TINATIONTIPICATES REQUESTED  |             |
| TOTAL OWED \$                    | 55.00  |             |
| Please call Tina                 | a at the above number for any issues or concerns. <b>Thank you</b> s | o much!     |

### **COVER LETTER**

| TO:     | D: Registration Section Division of Corporations                |   |  |  |  |
|---------|---|---|--|--|--|
|         |   |   |  |  |  |
| SUBJE   | TECT: Centavizer, LLC   |   |  |  |  |
|         | (Name of Limited Liabi  | lity Company)   |  |  |  |
|         |   |   |  |  |  |
| The en  | nclosed Articles of Dissolution and fee(s) are submitted for f  | iling.  |  |  |  |
| Please  | e return all correspondence concerning this matter to the follo | owing:  |  |  |  |
|         | •   |   |  |  |  |
|         |   |   |  |  |  |
|         | Howard S. Breslow, Esq. (Name of Per                            | von)  |  |  |  |
|         | (Name of Fer  | sou)  |  |  |  |
|         | Breslow & Walker, L   | I P   |  |  |  |
|         | (Firm/Compa   |   |  |  |  |
|         |   |   |  |  |  |
|         | 100 Jericho Quadrang  | le  |  |  |  |
|         | (Address)   |   |  |  |  |
|         | Jericho, NY 11  | 753   |  |  |  |
|         | (City/State and Z   |   |  |  |  |
|         | (61)/54415 == 5   | /   |  |  |  |
| For fur | urther information concerning-this matter, please call:         |   |  |  |  |
|         | Howard S. Breslowat   | ( 516 ) 822-6505  |  |  |  |
|         | (Name of Person)  | (Area Code & Daytime Telephone Number)  |  |  |  |
|         |   |   |  |  |  |
| Enclose | sed 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

#### CENTAVIZER, LLC 1840 North Washington Avenue Clearwater, FL 33753

June 12, 2018

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

#### Gentlemen:

Please be advised that Centavizer, LLC, a Florida limited liability company, is being dissolved in order that an Application for Authorization to do Business in Florida may be filed simultaneously by Centavizer Corporation, a Delaware corporation.

Centavizer, LLC

Jason Linton, Authorized Person

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

| 1. The name of a limited liabi  | lity company is  |                                 |
|---|--|---------------------------------|
| Centar  | vizer, LLC   |                                 |
| 2. The Articles of Organization   | on were filed on March 12, 2018C   | and assigned                    |
| document numberL18  | 8000064745   |                                 |
| (effective<br><u>Note:</u> If the date insorted in                              | the dissolution if not effective on the date of filing: c date cannot be prior to or more than 90 days later than date do this block does not meet the applicable statutory filing re ctive date on the Department of State's records. | ocument is received for filing) |
| 4. A description of occurrence 605.0707, Florida Statutes,                      | e that resulted in the limited liability company's dis-<br>(copy 605.0707 on back cover letter).   | solution pursuant to section    |
| The passage of 90   | consecutive days during which the company has  | no members                      |
| 5. If there are no members, en activities and affairs:                          | ter the name and address of the person appointed to  | o wind up the company's         |
|   | 1840 North Washington Avenue   |                                 |
|   |  | 2018                            |
|   | Clearwater, FL 33753   | 635                             |
|   |  |                                 |
| <ol> <li>Signature of an authorized plisted above to wind up the cor</li> </ol> | person or if there are no members, the signature of impany's activities and affairs:   | the person appointed and        |
|   | Jason Linton   | (h) 13                          |
| Signature   | Printed 1  | Name                            |
|   | FILING FEE: \$25.00  |                                 |