## 118000100037

(Requestor's Name)			
(Address)			
( ida ida j			
(Address)			
(City/State/Zip/Phone #)			
(Oity/State/Zip/F/Ione #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

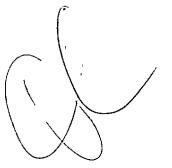




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## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT:	ZEXCHANGE		
	(Name of Limite	d Liability Company)	
The enclosed A	rticles of Dissolution and fee(s) are submitt	ed for filing.	
Please return all	correspondence concerning this matter to t	he following:	
	MILAN_CHLUF	PACEK e of Person)	
	(Firm	/Company)	
	5101 DEWI	TLANE	20: ;
	DOWNERS GRI	OUF 1L, 60515 e and Zip Code)	-8 [: :
For further infor	rmation concerning this matter, please call:		Z: 20
	MILAN CHLUPACEK (Name of Person)	at ( <u>630</u> ) <u>768 7422</u> (Area Code & Daytime Telephone Number)	
Enclosed is a chec	ck for the following amount:		
<b>Ø</b> \$25.00	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Regist Divisi P.O. F	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
ZEXCHANGE LLC	
The Articles of Organization were filed on $04/2$	0/20/8 and assigned
document number <u>L 18 00 0 1 0 0 0 3 7</u>	
The delayed effective date the dissolution if not effective (effective date cannot be prior to or more than Note: If the date inserted in this block does not meet the applicated as the document's effective date on the Department of S	icable statutory filing requirements, this date will not t
A description of occurrence that resulted in the limited li- 605.0707, Florida Statutes, (copy 605.0707 on back cover	
REALESTATE WAS REMOU!	D <u>S</u>
	· ·
	•••
i. If there are no members, enter the name and address of the activities and affairs:  MILAN CHLUPAC	EK 5101 DEWITT LANE IL. 60515
<del></del>	
6. Signature of an authorized person or if there are no membove to wind up the company's activities and affairs:	pers, the signature of the person appointed and list
Milan Muhace	MILAN CHLUPACEK
Signature FILING FEE:	Printed Name \$25.00