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Certified Copies	_ Certificates	of Status			
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Special Instructions to	Filing Officer:				

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SECRETARY OF STATE
AND ANALYSEE, FLORE

12/2/10

COVER LETTER

TO: Registration Section Division of Corporations

CB Online Ventures 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:

Cheryl Baus				
(Name of Person)				
CB Online Ventures LLC				
(Firm/Company)				
9640 Pavarotti Terrace Unit 104				
(Address)				
Boynton Beach, FL 33437				

(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Baus

610 781.65

(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/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 li CB Online Ventures LLC	ability company is			
2. The Articles of Organiz	ation were filed on 06/27/20	018	_ and assigned	
document number 1.180	00157915			
Note: If the date inserted	ate the dissolution if not effective date cannot be prior to or me in this block does not meet the ffective date on the Department	ore than 90 days later than date e applicable statutory filing i	document is received for filing)	
4. A description of occurre 605.0707, Florida Statuto	nce that resulted in the limes, (copy 605,0707 on back	ited liability company's di cover letter).	issolution pursuant to secti	ion
	Vendor shipping errors resu		<u></u>	
customer requests result	ting in increasing customer	dissatisfaction. In the sho	ort amount of time	
since filing the LLC, there	e have been 0 profits.		SE	3
5. If there are no members, activities and affairs:	enter the name and address	s of the person appointed	to wind up the company	FAR
	Cheryl Baus 9640 Pa	varotti Terrace Unit 104 B	loynton Beach FI. 33437	A 12:
			57	03
6. Signature of an authorize	ed person or if there are no	members the signature of	the person appointed and	
listed above to wind up the	company's activities and al	Tairs:	the person appointed and	
Alund A. X	Paus	Cheryl A Baus		
Signature	•	Printed	Name	

FILING FEE: \$25.00