120000108803

(Red	questor's Name)	
(Ādo	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700364262067

04/19/2i--01019--014 •+25.56

2021 APR 19 AH 7: |

D. BRUCE JUN 0 9 2021

COVER LETTER

	stration Section ion of Corporations					
	Southern Payment Services, LLC					
SUBJECT:(Name of Limited Liability Company)						
The enclosed	Articles of Dissolution and fee(s) are submitt	ed for filing.				
Please return a	all correspondence concerning this matter to	the following:				
	Raymond G. Robison					
(Name of Person)						
Fox McCluskey Bush Robison, PLLC						
(Firm/Company)						
3461 SE Willoughby Boulevard (Address)			_			
	Stuart, Florida 34994	,	7			
	(City/Sta	te and Zip Code)	2021 APR 19			
For further in	formation concerning this matter, please call:		15 TO 15			
Rayı	mond G. Robison	772 287-4444 at ()	1. <u> </u>			
	(Name of Person)	(Area Code & Daytime Telephone Num	iber)			
Enclosed is a cl	heck for the following amount:		िंश ज			
■ \$ 25.0	00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclose				
	ing Address:	Street Address: Registration Section				
Div	Division of Corporations Division of Corporations					
P.O	P.O. Box 6327 The Centre of Tallahassee					

Tallahassee, FL 32314

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
	Southern Payment Services, LLC
2.	The Articles of Organization were filed on April 21, 2020 and assigned
	document number L20000108803
3.	The delayed effective date the dissolution if not effective on the date of filing: (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.
1.	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).
	Consent of All Members
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
S. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Tim Ioannides
_	Signature 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:	es, LLC
Document number of Limited Liability Company is: L20000	108803
Date of dissolution was:	
Description of information that must be included in a written	claim:
Name and Address of Claimant	
Amount of Claim	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Whether Claim is Secured or Contingent	72. 2
Detailed Description of Type of Claim	
Date Claim Arose	
Mailing address where claims can be sent: (Claims cannot be 140 S.W. Chamber Court	sent to the Division of Corporations)
Suite 200	
Port St. Lucie, Florida 34986	
A claim against the above named limited liability company vectaim is commenced within 4 years after the filing of this not a Tim loannides	ice.
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