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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

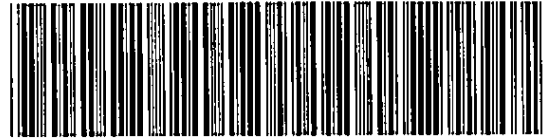
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/12/21--01020--022 **25.00

FILED
2021 NOV 12 AM 6:32
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
DEC 06 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASAP Business Capital

(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:

Timothy James Watson

(Name of Person)

ASAP Business Capital LLC

(Firm/Company)

1162 Songbird Lane

(Address)

Jacksonville, Florida 32233

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy J. Watson

(Name of Person)

904

at (_____) _____

480-2944

(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2021 NOV 12 AM 6:32

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
ASAP Business Capital

2. The Articles of Organization were filed on 01/25/2021 and assigned
document number L21000046700

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.

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).

I was involved in an accident which has impaired my ability to do anything related to this business

I was involved in an accident which has impaired my ability to do anything related to this business.

I was involved in an accident which has impaired my ability to do anything related to this business.

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

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:


Signature

Timothy James Watson

Printed Name

FILING FEE: \$25.00