## 121000243346

(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:			

Office Use Only



800388939728

06/17/22--01015--003 \*\*25.00



## **COVER LETTER**

TO:

Division of Corporations	
Creative Machine USA LLC	
	Limited Liability Company)
enclosed Articles of Dissolution and fee(s) are s	
ase return all correspondence concerning this ma	tter to the following:
Tammy Lee	
	(Name of Person)
Gov Electronic Filing Svc	
	(Firm/Company)
1708 Spring Green Blvd, Ste. 120-	368
	(Address)
Katy, TX 77494	
((	City/State and Zip Code)
further information concerning this matter, pleas	se call:
Tammy Lee	888 832 - 4680
(Name of Person)	(Area Code & Daytime Telephone Number)
closed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution	n
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
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

i.	1. The name of a limited liability company is	
	Creative Machine USA LLC	
2.	2. The Articles of Organization were filed on 05/25/2021 and assigned	
	document number L21000243346	
3.	3. The delayed effective date the dissolution if not effective on the date of filing:	ling) vill not be
4.	4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	section
	Business closed	
5.	5. If there are no members, enter the name and address of the person appointed to wind up the simpa	— —
٥.	activities and affairs:	7 1 L C 1
6. ab	6. Signature of an authorized person or if there are no members, the signature of the person appointed above to wind up the company's activities and affairs:	2:21
	Care Pener. Alnera Caio Peres Abreia	
_	Signature Printed Name	

FILING FEE: \$25.00