

121000312090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

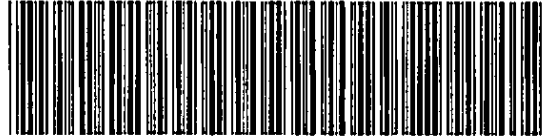
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FEB 28 2022

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FILED
2022 FEB 22 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAYMENT SOLUTIONS PARTNERS, 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:

ELLEN PAUL

(Name of Person)

PAYMENT SOLUTIONS PARTNERS, LLC

(Firm/Company)

13039 LAWRENCE ST

(Address)

SPRING HILL FL 34609

(City/State and Zip Code)

For further information concerning this matter, please call:

ELLEN PAUL

(Name of Person)

at (352) 600-9555

(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

2022 FEB 22 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

PAYMENT SOLUTIONS PARTNERS, LLC

2. The Articles of Organization were filed on JUNE 26, 2021 and assigned

document number L21000312090

3. The delayed effective date the dissolution if not effective on the date of filing: JAN 15, 2022
(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).

WE WERE NOT PREPARED. WE MISSED SOME OBVIOUS
MKTNG BASICS WHICH MEANT OUR CUSTOMERS
DID NOT KNOW WHO WE WERE & THEY ASKED FOR
CHARGE BACKS. WE REFUNDED 100% OF THEIR MONIES
& ARE REGROUPING UNDER GUIDELINES OF SERVICE
BASED ON CORRECTING OUR ERRORS MADE WITH
PAYMENT SOLUTIONS PARTNERS.

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

ELEN PAUL

13039 LAWRENCE ST
SPRING HILL FL 34609

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:

Elen Paul

Signature

ELEN PAUL

Printed Name

FILING FEE: \$25.00