

L22000146979

(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:

J. C. ...

40320000

Office Use Only



800432580708

07/11/24--01021--010 **35.00

Ret. 08/16/24

2024/08/16 PM 3:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Codex Pay 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:

Anna Aguilar
(Name of Person)

Codex pay LLC
(Firm/Company)

5465 Hansel ave H14
(Address)

Orlando FL 32809
(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Aguilar at (407) 883 0182
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

already mailed

☐ \$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**

1. The name of a limited liability company is

Codex pacy LLC

2. The Articles of Organization were filed on 4/11/2022 and assigned

document number L22000146979

3. The delayed effective date the dissolution if not effective on the date of filing: July 1, 2024
(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).

Dissolution due to inactivity

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

Anna Aguilar

5465 Kamsel ave H14

Orlando FL 32809

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

Anna Aguilar
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: Cotex pay LLC

Document number of Limited Liability Company is: 881700247

Date of dissolution was: July 1, 2024

Description of information that must be included in a written claim:

Dissolution due to inactivity


2024 JUL 15 PM 3:50

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5465 Kangel ave H14
Orlando FL 32809

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Anna Aguilar
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