# L23000212553

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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01/08/24--01039--015 \*\*26.00

### **COVER LETTER**

(x,y) = (x,y)

Registration Section Division of Corporations

TO:

SUBJECT:	CHIPS VENDING MACHINES LLC					
SOBJECT.	(Name of Limit	ed Liability Company)				
The enclosed	I Articles of Dissolution and fee(s) are submit	ted for filing.				
Please return	all correspondence concerning this matter to	the following:				
	TEISHA WOOLCOCK					
	(Name of Person)					
	(FiruvCompany)					
	(FiniteCompany)					
6480 NW 25TH CT (Address)						
						SUNRISE , FLORIDA .33313
	(City/State and Zip Code)					
For further i	nformation concerning this matter, please call	<b>:</b>				
те	ISHA WOOLCOCK	561 430-1541				
3-133	(Name of Person)	at ()				
Enclosed is a	check for the following amount:					
■ \$25,00 Filing Fee and Certificate of Dissolution		☐ S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
	vision of Corporations D. Box 6327	Division of Corporations 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 liabili CHIPS VENDING MACHINE	-				
2.	The Articles of Organization	were filed on 12/29/202	3	and assigned		
	document number L2300021.	2553	_			
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 605.0707, Florida Statutes, (c	that resulted in the limite copy 605,0707 on back c	ed liability company over letter).	's dissolution pursuant to section		
	LAM FILING THIS DOCUME	NT BECAUSE I NO LON	GER WANT TO PUR	RSUE THIS CATEGORY		
	ALSO IT IS VERY DIFFICUL	T TO ACQUIRE ANY LO	CATIONS OR CLIEN	NTS BECAUSE OF THE		
	HIGH COMPETITION OUT T	HERE.				
				<u> </u>		
5.	If there are no members, ente activities and affairs:	er the name and address TEISHA WOOLCOCK	of the person appoir	nted to wind up the company's		
				-		
6. at	Signature of an authorized poove to wind up the company	erson or if there are no n s activities and affairs:	nembers, the signatu	re of the person appointed and liste		
	Leiston	<u></u>	TEISHA WOOLCO	<u> </u>		
	Signature		Pr	inted 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.

Document number of Limited Liability Company is: L23000212553	
Date of dissolution was:	
Description of information that must be included in a written claim:	
I AM FILING THIS FORM BECAUSE I NO LONGER WANT TO PURSUE THIS CATEGORY OF BUSINE	SS
AT THIS TIME.	
	<u>:</u> :
	<del>,                                    </del>
	`` ^
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
6480 NW 25TH CT, SUNRISE, FLORIDA 33313	
A claim against the above named limited liability company will be barred unless a proceeding to enforce claim is commenced within 4 years after the filing of this notice.	e the
TEISHA WOOLCOCK  Printed Name of the Person Films  Signature of the Person Films	<del></del>

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00