

L14 000132772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

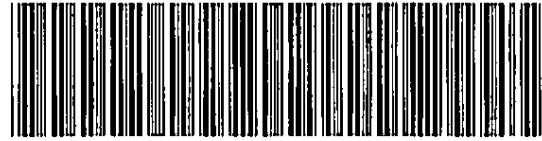
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/24/20--01006--001 **25.00

RECEIVED

JUL 20 2020

2020 JUL 20 AM 8:35

C. GOLDEN

AUG 30 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SIGHT LLC
SUBJECT: _____

(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:

LOUIS STINSON, JR.

(Name of Person)

LOUIS STINSON, JR., P.A.

(Firm/Company)

110 MERRICK WAY, SUITE 3A

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS STINSON, JR.

(Name of Person)

305 444-8807
at ()

(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**

2014/08/20 AM 8:35

1. The name of a limited liability company is
SIGHT LLC

2. The Articles of Organization were filed on 08/25/2014 and assigned
document number L14000132772

3. The delayed effective date the dissolution if not effective on the date of filing: 07/14/2020
(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).

Purpose of the company has been concluded

Purpose of the company has been concluded

Purpose of the company has been concluded

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

110 MERRICK WAY, SUITE 3A, CORAL GABLES, FL 33134

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

LOUIS STINSON, JR.

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: SIGHT LLC

Document number of Limited Liability Company is: L14000132772

Date of dissolution was: 07/14/2020

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

Name, address, and other contact information for creditor

Amount claim due

Copy of invoice/statement

Services or goods provided

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


110 MERRICK WAY, SUITE 3A

CORAL GABLES, FL 33134

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.

LOUIS STINSON, JR.

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