

L040000003988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

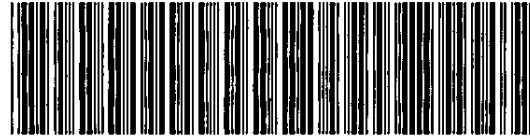
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

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Office Use Only



800265400318

10/22/14--01008--001 \*\*25.00

EFFECTIVE DATE  
12-31-14

FILED  
14 OCT 22 PM 2:25  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

OCT 24 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SHEKINA GROUP 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:

**Stacey L Basist**

\_\_\_\_\_  
(Name of Person)

**Shekina Group LLC**

\_\_\_\_\_  
(Firm/Company)

**7114 Southgate Court**

\_\_\_\_\_  
(Address)

**Sarasota Florida 34243**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Stacey L Basist**

**941**

**780-2404**

\_\_\_\_\_  
(Name of Person)

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

EFFECTIVE DATE

12-31-14

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
14 OCT 22 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
SHEKINA GROUP LLC

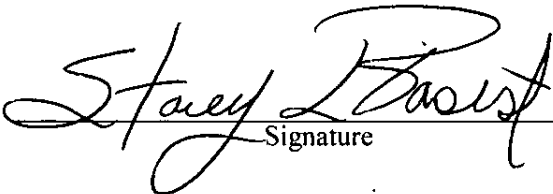
2. The Articles of Organization were filed on January 15, 2004 and assigned  
document number L04000003988

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).  
The consent of all members.

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

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

Stacey L Basist

Printed Name

FILING FEE: \$25.00