

L040000014623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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08/21/15--01008--006 **25.00

15 AUG 21 AM 9:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

EP

AUG 25 2015

Y SULKER

August 17, 2015

To the Florida Department of State:

Pursuant to the request for dissolution contained herein, please send any letter of acknowledgment and certificate of dissolution to the following address:

Sue Shin
16 Priscilla Ln
Englewood Cliffs, NJ 07632

(813) 363-0908

Thank you.

Best regards,

Sue Shin

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Spacus, 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:

Sue Shin

(Name of Person)

(Firm/Company)

5201 S. Westshore Blvd

(Address)

Tampa, FL 33611

(City/State and Zip Code)

For further information concerning this matter, please call:

Sue Shin

(Name of Person)

at (**813**) **233-6325**

(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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Spacus, LLC

2. The Articles of Organization were filed on February 24, 2004 and assigned

document number L04000014623

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 that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The limited liability company has sold all of its assets and ceased business operations. Under Section

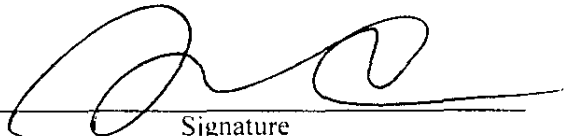
605.0701(a), F.S., all existing members consent to the voluntary dissolution of the limited liability company.

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

activities and affairs:

n/a

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

Sue Shin

Printed Name

FILING FEE: \$25.00

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DEPT. OF STATE
TALLAHASSEE, FLORIDA