

LC4 00000 16187

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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2021 NOV 22 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FL

J SIMMONS
DEC 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUSSEX INVESTMENT, 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:

Brent Baris

(Name of Person)

Brent E. Baris, P.A.

(Firm/Company)

P.O. Box 223

(Address)

High Springs, FL 32655

(City/State and Zip Code)

For further information concerning this matter, please call:

Brent Baris

(Name of Person)

at (386) 454-0688

(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

Brent E. Baris, P.A.

Paid 11 / 15 / 21

Check #: 14582

\$ 25.00

FILED

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2021 NOV 22 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

SUSSEX INVESTMENT, LLC

2. The Articles of Organization were filed on 03/01/2004 and assigned

document number L04000016187

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 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:

Claire Lakner

889 Pyrus Way

Sunnyvale, CA 94087

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:

Claire Lakner
Signature

CLAIRE LAKNER
Printed Name

FILING FEE: \$25.00