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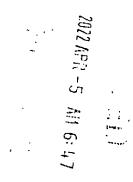
(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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O SIMMON: JUN 05 2021

COVER LETTER

Registration Section Division of Corporations

TO:

South Park Laundry, LLC SUBJECT:	·
	ne of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
•	-
Nita Zelenak, Manager	
	(Name of Person)
South Park Laundry, LLC	
·	(Firm/Company)
100 M CHOON A MARKET	(c s , , ,
109 N VIRGINA AVENUE	
	(Address)
SANFORD, FL 32771	
	(City/State and Zip Code)
For further information concerning this matter, p	please call:
Nita Zelenak	321 377-1431
(Name of Person)	at ()
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee and Certificate of Dissol	ution
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. 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



The name of a limited liability company is South Park Laundry, LLC		ZUZZ APR	-5 ЛН 6:47 	
2. The Articles of Organization were filed on $\frac{M}{M}$	arch 3, 2004		and assigned	
document number E04000017351				
3. The delayed effective date the dissolution if n (effective date cannot be prior t Note: If the date inserted in this block does not r listed as the document's effective date on the Dep	neet the applicabl	le statutory filing	g: document is received for fili requirements, this date w	ing) ill not l
4. A description of occurrence that resulted in th 605.0707, Florida Statutes, (copy 605.0707 on	e limited liabilit back cover lett	ty company's d	lissolution pursuant to se	ection
Members have unanimously agreed to dissolve the				
5. If there are no members, enter the name and a	iddress of the pe	rson appointed	to wind up the compan	y`s
activities and affairs:				
		,		
5. Signature of an authorized person or if there a above to wind up the company's activities and al	ire no members, ffairs:	the signature of	of the person appointed a	und lis
White M Julinak	Nita Ze	lenak, Manager		
Signature/		Printe	d Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Nita Zelenak

Printed Name of the Person Filing

2022 APR -5 AM 6: 47

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, E.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:	117.351
Date of dissolution was: April 1, 2021	
Description of information that must be included in a written	cłaim:
Must be in writing, must state name of claimant, give basis for claimant.	m, amount, and provide documentary evidence
sufficient to verify claim beyond a reasonable doubt. Must be rece	rived by person identified to receive notice
no later than 4 years from April 1, 2021.	
Mailing address where claims can be sent: (Claims cannot be	sent to the Division of Corporations)
Attn: Nita Zelenak	
109 N. Virginia Avenue	
Sanford, FL 32771	

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

X Mita M John Signature of the Person Filing