

LOS 0000 10669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

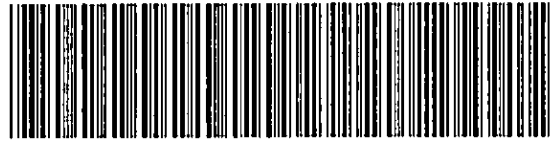
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500406451815

17 APR 17 11 44 AM '23

6/20/23  
VLL

FILED  
2023 APR 17 PM 4:44  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2 Sisters Pasco, 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:

Lisa A. Nall

(Name of Person)

(Firm/Company)

7600 Vintage Way

(Address)

Port Saint Lucie, FL 34698

(City/State and Zip Code)

For further information concerning this matter, please call:

C. Scott Nall

(Name of Person)

at (772) 607-3670  
(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**

1. The name of a limited liability company is

2 Sisters Pasco, LLC

2. The Articles of Organization were filed on 01/01/2005 and assigned

document number L05000010669

3. The delayed effective date the dissolution if not effective on the date of filing: n/a  
(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.

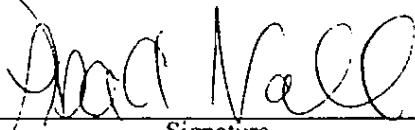
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The consent of all members 605.0701(2)

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

Lisa A. Nail

Printed Name

**FILING FEE: \$25.00**

2023 APR 17 PM 4:44  
STATE OF FLORIDA  
DEPARTMENT OF STATE

FILED