

L05000033171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

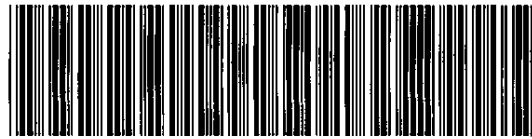
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700155807267

05/14/09--01045--018 **25.00

FILED
2009 MAY 14 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shirlund Sojourn Enterprisise 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:

Shirlund Stewart

(Name of Person)

Shirlund Sojourn Enterprise LLC

(Firm/Company)

3043 Moss Valley Place

(Address)

Winter Park, Florida 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

Shirlund Stewart

(Name of Person)

at (407) 733-4859

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
2009 MAY 14 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Shirlund Sojourn Enterprise LLC

2. The Articles of Organization were filed on 4-5-05 and assigned document number
L05000033171

3. The date the dissolution was approved: 5/7/2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Reason for Closure:

FIRST
For the three (3) years my company made a loss. As part of Florida Business Policy
the company must show a profit of three (3) out of five (5) years. This is the reason I
am dissolving the company.

5. CHECK ONE:

- ☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature
Shirlund M Stewart

Printed Name
Shirlund Stewart