

L06000021647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

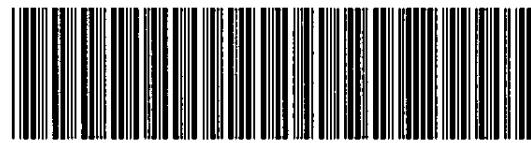
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Sapusek 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:

Michael Sapusek

(Name of Person)

Michael Sapusek LLC

(Firm/Company)

4247 SW High Meadows Ave.

ADDRESS
COULD BE: 325 SW SAINT LUCIE
STREET STUART FL
34991

(Address)

Palm City, Florida 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Sapusek

(Name of Person)

772

263 0770

at () (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

MICHAEL SAPUSEK, LLC

2. The Articles of Organization were filed on 02/28/2006 and assigned

document number LO6000021647

3. The delayed effective date the dissolution if not effective on the date of filing: 7-1-2006
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

SOLD MY OFFICE BLDG. C 42A7 SW.

HIGH MEADOWS AVE. PALM CITY, FL

34990

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

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:

M. Sapusek
Signature

MICHAEL SAPUSEK
Printed Name

FILING FEE: \$25.00

14 JUL 21 AM 11:14
SECRETARY OF STATE
ALL APASSEE, FLORIDA

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