LULOOOOIOOIS

(Re	questor's Name)				
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(Cit	ry/State/Zip/Phone	÷#)			
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PEB 19 2014 D. BRUCE

COVER LETTER

SUBJECT: A, E'A Siostry, LLC (Name of Limited Liability Company)
(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:
rease retain an correspondence concerning this matter to the following.
Duta T Mason
Audrey J. Mason (Name of Person)
·
AFA Siostry LLC (Firm/Company)
321 Seven Pines Avenue
(Address)
Sandston, VA 23/50 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call:
For further information concerning this matter, please call: Audrey J. Mason at 804 737-21475 No (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

 ρ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

 ρ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

 ρ \$60.00 Filing Fee,

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

SUBJECT: AFA SIOSTRY, 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:
HUDREY J MASON (Name of Person)
N/A FORMER A E'A STOSTRY, LLC
321 SEVEN PINES AVENUE
SANDSTON, VA 23/50 (City/State and Zip Code)
For further information concerning this matter, please call:
AUDREY MASON at (804) 737-2147 (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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 li	ability company is		
AEA	SIOSTRY, L	LC	
7	/ /		,
2. The Articles of Organiz	ation were filed on $\underline{\hspace{0.1in} \mathcal{O}c\mathcal{T}}$	ober /2, and as	signed
document number <u>L</u>	06000/00/33	,	
3. The delayed effective delayed effective delayed	ate the dissolution if not effectiv	e on the date of filing	
4. A description of occurre	ence that resulted in the limited I es, (copy 605.0707 on back cove	iability company's dissolutio	n pursuant to section
	, ,	()	- 1 - 1
LLC was to	irmed to over se		. ()
the rental	property was	Sold, Asset	5 Were
divided.			·
•	_		
5. If there are no members	, enter the name and address of t	the person appointed to wind	up the company's
activities and affairs:	Audren I	MASUN)	
activities and arians.	7/00.99	PINES AVE.	
	321 SEVEN_	• • • • • • • • • • • • • • • • • • • •	
	<u>DAN'DSION</u>	VA 23/2	<u> </u>
6. Signature of an authorizabove to wind up the comp	zed person or if there are no men pany's activities and affairs:	nbers, the signature of the per	son appointed and listed
Signatur	e	Printed Name	
Ludney W/	asan	AUDREY J. MA	50 N
<i>F</i> [)		/	THE 2
	FILING FE	E: \$25.00	
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