

LOL 000 118158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

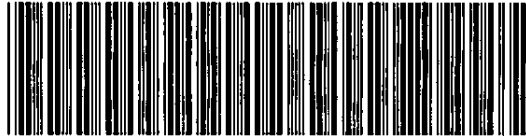
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/22/15--01002--033 **25.00

12/31

FILED
15 DEC 22 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN VALLEY INVESTMENT PROFESSIONALS 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:

JOHN WEAVER

(Name of Person)

SUN VALLEY INVESTMENT PROFESSIONALS LLC

(Firm/Company)

495 GRAND BLVD SUITE 206

(Address)

MIRAMAR BEACH FL 32550

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN WEAVER

(Name of Person)

at (208) 720-7460

(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

SUN VALLEY INVESTMENT PROFESSIONALS LLC

2. The Articles of Organization were filed on 12/11/2006 EFFECTIVE 11/1/2007
and assigned

document number LOG000118158 FEI/EIN 01-0769627

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2015
(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).

NO LONGER CONDUCTING BUSINESS

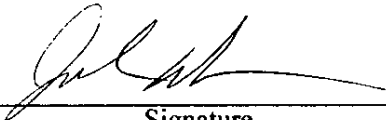
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

JOHN WEAVER

455 Grand Blvd Suite 206

Moreau Beach FL 33446

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

JOHN WEAVER

Printed Name

FILING FEE: \$25.00

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15 DEC 21 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA