## 107000034680

(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:				
EFFECTIVE DATE				
W/2				

Office Use Only



700321194417

11/30/18--01026--004 \*\*25.00

FILED

18 NOV 30 PH 6: 46

SECRETARY OF STATE
TALLAHASSEE FLORINA

DEC 0 5 2018
S. YOUNG

## ${\color{blue}\mathbf{COVER}}\ {\color{blue}\mathbf{LETTER}}$

Division of Corporations	
SUBJECT: SUN PH52, LLC	-
(Name of Limited L	iability Company)
The enclosed Articles of Dissolution and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the f	following:
n	
(Name of	Person)
Sun DILES 1	
(Firm/Co	Manay)
27:11 Bigging 1 77	FILE STANSON 3
	ress) P C
GERMANTOWN.	ress)  FILED  ROY 30 PR 6: 17  TN 38139  rd Zip Code)
(City/State an	nd Zip Code)
For further information concerning this matter, please call:	
MARY P. FREMER	901 755 -7877
(Name of Person)	at ( 90/ ) 755 - 7837 (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:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

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 9452	LLC			
2.	The Articles of Organization w	ere filed on	4/2/2007	and assigned	
	document number <u>LO 76</u>	0000346	80		
3.	The delayed effective date the (effective date Note: If the date inserted in this listed as the document's effective	block does not mee	it the applicable statutory filing	ng: ///36//9 e document is received for filing g requirements, this date will	g) not be
4.	A description of occurrence the 605.0707. Florida Statutes, (cop	y 605.0707 on b	ack cover letter).	·	ction
	SOLD PROPERTY				_
					_
				SECRET	ь С
5.	If there are no members, enter activities and affairs:	the name and add	ress of the person appointed	រួម <u>េ</u> រួម	ា ព្រឹ
	_	MARY P.	FARMER_	FLORID	€
	_	2241 B	FARMER_ IRCHTON PRIVE	· 🖈 · · -	_
	-	GERMA	NTOWN, TN 3	8/39	-
6. lis	Signature of an authorized persted above to wind up the compa	on or if there are ny's activities an	no members, the signature d affairs:	of the person appointed ar	nd
10	A Fairner-		MARY +	FARMER	
Č	Signature		MARY P. TARMER Printed Name		

FILING FEE: \$25.00