

LO7000083548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

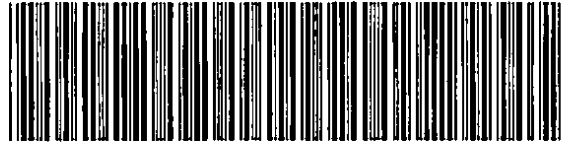
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09.19.03--0.103--1.17 --2003.03

RECEIVED
SEP 15 11 21 AM '03
STATE OF CALIFORNIA
SECRETARY OF STATE

Dissolution

SEP 15 2003
DOCUMENT



LONE PALM HOLDINGS

September 12, 2022

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please accept the attached forms and payment for the dissolution of Simba Partners LLC. Should you have any questions, I may be reached at 904.237.8039. My mailing address is:

2300 Marsh Point Road
Suite 202
Neptune Beach, FL 32266

Regards,



David Kight
Manager

RECEIVED
SEP 15 11 21 AM '22

COVER LETTER

TO: Registration Section
Division of Corporations

Simba Partners LLC
SUBJECT: _____

(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:

David Kight

(Name of Person)

Lone Palm Holdings LLC

(Firm/Company)

2300 Marsh Point Road, Suite 202

(Address)

Neptune Beach, FL 32266

(City/State and Zip Code)

For further information concerning this matter, please call:

David Kight

904

237-8039

at (_____)

(Name of Person)

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Simba Partners LLC

2. The Articles of Organization were filed on 08/15/2007 and assigned

document number L07000083548

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

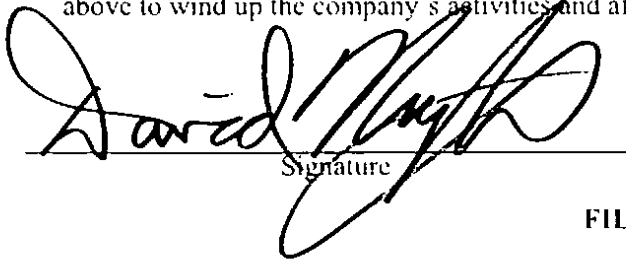
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Ceased Operations

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

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

David Kight

Printed Name

FILING FEE: \$25.00