

LO7000090305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

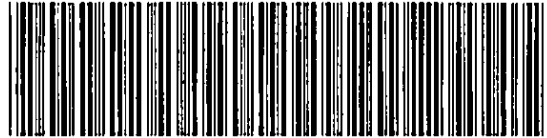
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/27/20--01018--015 **25.00

FILED

20 JAN 27 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: peaceful springs 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:

U Khin

(Name of Person)

(Firm/Company)

peaceful springs llc

(Address)

17916 arbor haven drive tampa fl 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

U Khin

(Name of Person)

813

4685099

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 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
peaceful springs llc

2. The Articles of Organization were filed on L07000090305 9/4/07 and assigned
document number L07-90305

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019
(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).

The building for the business was closed for 1 year and sole on 12-30-2019, no no need for business.

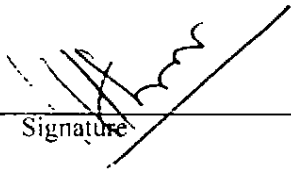
The building for the business was closed for 1 year and sole on 12-30-2019, no no need for business.

The building for the business was closed for 1 year and sole on 12-30-2019, no no need for 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: U K H I N

17916 Arbor Haven Drive
TAMPA FL 33647

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

U K H I N
Printed Name

FILING FEE: \$25.00

FILED
20 JAN 27 PM 12:57
STATE OF FLORIDA
TAMPA