

L080000025376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

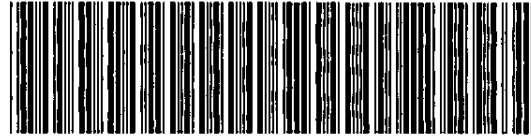
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED  
14 JAN 14 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 23 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNSHINE STATE MANAGEMENT SERVICES, 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:

RAISEL MENDEZ

(Name of Person)

SUNSHINE STATE MANAGEMENT SERVICES LLC

(Firm/Company)

12863 SW 210 TERRACE

(Address)

MIAMI, FLORIDA 33177

(City/State and Zip Code)

For further information concerning this matter, please call:

RAISEL MENDEZ

(Name of Person)

at ( 786 ) 3167652

(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

SUNSHINE STATE MANAGEMENT SERVICES, LLC

2. The Articles of Organization were filed on 03/11/2008 and assigned  
document number L08000025376

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

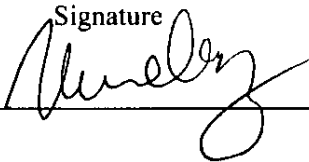
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

UNABLE TO GENERATE INCOME  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



Printed Name

RAISEL MENDEZ (MGRM)

**FILING FEE: \$25.00**

**FILED**  
14 JAN 14 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA