## L08000060382

(Re	questor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nai	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
:			
<u>.</u>			

Office Use Only



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01/25/11--01013--021 \*\*35.00



C. LEWIS

FEB - 9 2011

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2011

MARK WOLFGANG SIMIS, LLC 1370 HWY A1A, SUITE B SATELLITE BEACH, FL 32937

SUBJECT: SIMIS, LLC

Ref. Number: L08000060382

We have received your document for SIMIS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00002278

Division of Corporations - P.O. BOX 6327 - Tallahassee: Florida

## **COVER LETTER**

TO: Registration Section Division of Corporations		
Sinds 110		
SUBJECT: 5(M/5, LLC (Name of Limited Liability Company)		
(1,11110-01-011110-01-01110-01-01-01-01-01-		
The enclosed Articles of Dissolution and fee(s) are submitted f	or filing.	
Please return all correspondence concerning this matter to the f	following:	
Mark Wolfgang Wame of		
(Mame of	Person)	
Sim/S, LLC (Firm/Company)		
(Firm/Company)		
Satellite Beach, FZ 32937		
	(S 22 977	
Satellite Beach, PC 3213/		
(City/State and	d Zip Code)	
For further information concerning this matter, please call:		
MARK WOLFGANG	at (321) 480 – 5456 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	55.00 Filing Fee & \$60.00 Filing Fee,	
Certificate of Status	Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy	
- prenow check in the	armont of \$35 (additional copy is enclosed)	
- previous check in the (additional copy is enclosed) - please refund \$5		
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building 2661 Executive Center Circle	
Tallahassee, FL 32314	Tallahassee, FL 32301	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2011 FEB -8 AM 9: 20

SECRETARY OF STATE

<ol> <li>The name of a limited liability company is SIMIS, LLC</li> </ol>	TALLAHASSEET COM
2. The Articles of Organization were filed on 6-19-200 L08000060382	98 and assigned document number
3. The date the dissolution was approved:	······································
4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover No longer any need for the	iability company's dissolution pursuant to section letter).
	·
-OR-Adequate provision has been made for the debts  6. All remaining property and assets have been distributed rights and interests.  7. CHECK ONE:  There are no suits pending against the company -OR-	•
ignatures of the members having the same percentage of men	
Signature	Printed Name  MARK WOLFGANG.
	•
<del></del>	
•	