

L08000093995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 21 PM 12:22

APR 23 2014  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S4S, 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:

Joel DeVolentine

(Name of Person)

S4S, LLC

(Firm/Company)

3921 Calle de Santos

(Address)

Tallahassee, fl 32311

(City/State and Zip Code)

For further information concerning this matter, please call:

Joel DeVolentine

(Name of Person)

850

at ( )

878-7336

(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  
S4S, LLC
2. The Articles of Organization were filed on October 3, 2008 and assigned  
document number L08000093995
3. The delayed effective date the dissolution if not effective on the date of filing: April 28, 2014  
(effective date cannot be prior to or more than 90 days later than date document is received for 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).  
No activity for several years and no foreseeable activity.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Joel DeVolentine  
3921 Calle de Santos  
Tallahassee, FL 32311  
jdevolentine@aol.com
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

Joel M. DeVolentine  
Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
DIVISION OF COOPERATION  
14 APR 21 PM 12:22