

L090660026449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

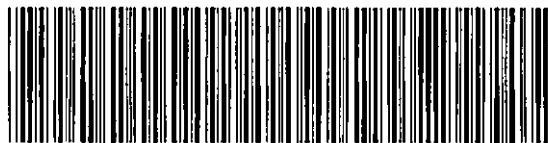
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

2025 APR 21 AM 11:43

FILED

04/21/2025

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SBPACE 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:

Albert E. Mehofer

(Name of Person)

SBPACE LLC

(Firm/Company)

450 SE Pine Rd.

(Address)

Port St. Lucie, FL 34984

(City/State and Zip Code)

For further information concerning this matter, please call:

Albert E. Mehofer

(Name of Person)

at ( 856 ) 237-7940

(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

FILED

2025 APR 21 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

SBPACE LLC

2. The Articles of Organization were filed on March 18, 2009 and assigned

document number L09000026449

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).

RETIRED From BUSINESS

Albert E. Mehofer

450 SE Pine Rd.

Port St. Lucie, FL 34984

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

Albert E. Mehofer

450 SE Pine Rd.

Port St Lucie, FL 34984

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:

Albert E. Mehofer  
Signature

Albert E. Mehofer  
Printed Name

FILING FEE: \$25.00