L09000039956

(Requestor's Name)						
(Address)						
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	: #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Do	ocument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
		,				

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15 JAN 15 PM 3: 1

SECRETARY OF STATE

ANALYSISTEMENT

JAN 2 7 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

SONZEF LLC

SUBJECT:

(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:

	Sonia Miranda				
	(Name	of Person)			
	Penelope Reporting, Inc.				
	(Firm	/Company)			
	140 NE Lobster Road		,		
	(A	ddress)			
	Port Saint Lucie, FL 34983			AECR	
	(City/State	e and Zip Code)			
For further info	ormation concerning this matter, please call:			IS PM SEELFI	
Son	ia Miranda	772	672-1229	980 17 Y I	
	(Name of Person)		ode & Daytime Telephon		
Enclosed is a che	eck for the following amount:	,			
\$25.00	Filing Fee and Certificate of Dissolution		ng Fee, Certificate of Disc Copy (additional copy is e		

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

 The name of a limited liab SONZEF LLC 	ility company is					
2. The Articles of Organizati	on were filed on 04/24/2	2009	and assigned			
document number L0900	0039956	<u> </u>				
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/14 (effective date cannot be prior to or more than 90 days later than date document is received						
4. A description of occurrence 605.0707, Florida Statutes,	te that resulted in the limi (copy 605.0707 on back	ted liability company's discover letter).	ssolution pursuant to section			
Business was change	d to Penelope Report	ing, Inc.				
			ECRE			
5. If there are no members, en	nter the name and address	of the person appointed t	o wind up the company's			
activities and affairs:	Sonia Miranda		<u> </u>			
	•		क्रिकेट विकास संस्थान			
6. Signature of an authorized listed above to wind up the co	person or if there are no mpany's activities and af	members, the signature of fairs:	the person appointed and			
for my	l	Sonia Miranda				
Signature		Printed	Name			

FILING FEE: \$25.00