

209000051002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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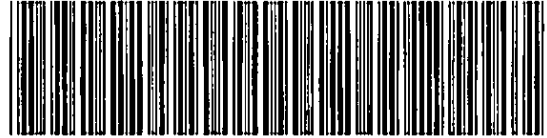
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sugar Island Cupcakes & Bakery 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:

Lisa Marie Childers

\_\_\_\_\_  
(Name of Person)

Sugar Island Cupcakes & Bakery LLC

\_\_\_\_\_  
(Firm/Company)

5090 Capstan Ct

\_\_\_\_\_  
(Address)

Southport 28461-2203

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Marie Childers

\_\_\_\_\_  
(Name of Person)

904

495-1243

at (\_\_\_\_\_) \_\_\_\_\_

(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**

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1. The name of a limited liability company is  
SUGAR ISLAND CUPCAKES AND BAKERY L.L.C

2. The Articles of Organization were filed on 05/27/2009 and assigned  
document number L09000051002

3. The delayed effective date the dissolution if not effective on the date of filing: 04/15/2022  
(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).

I closed my bakery on May 1, 2021 and relocated to North Carolina where I now reside.

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

5090 Capstan Court

Southport, NC 28461-2203

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:

Lisa Marie Childers  
Signature

Lisa Marie Childers

Printed Name

**FILING FEE: \$25.00**