

LOG 0000 L4969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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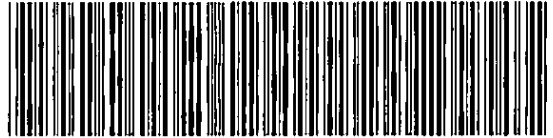
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBM FINANCIAL 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:

STEVEN B. MITCHELL
(Name of Person)

SBM FINANCIAL LLC
(Firm/Company)

1051 WINDERMERE XING
(Address)

CUMMING, GA 30041
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN B. MITCHELL at (239) 287-6661
(Name of Person) (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