

L09000097458

(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
TALLAHASSEE, FLORIDA

J. BRYAN

APR -5 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINESCAPE, L.L.C.

(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:

VICTOR VELASQUEZ

(Name of Person)

SUNSHINESCAPE, L.L.C.

(Firm/Company)

26670 BRIDGEPORT LN

(Address)

BONITA SPRINGS, FL 34135

(City/State and Zip Code)

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For further information concerning this matter, please call:

VICTOR VELASQUEZ

(Name of Person)

at (239) 450-0669

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
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

Victor Velasquez

SunshineScape, L.L.C.

P.O. Box 368103

Bonita Springs, FL 34136

March 29, 2012

To whom it may concern;

My name is Victor Velasquez and I am the MGRM of SunshineScape, LLC. I will be dissolving my LLC number L09000097458, and I do not intend to revoke the dissolution and hereby release the LLC name to my brother Julio Velasquez Mendez that will file his new LLC with the same name as the one I am dissolving.

Respectfully,

Victor Velasquez

Victor Velasquez

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TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
SUNSHINESCAPE, L.L.C.

2. The Articles of Organization were filed on **10/08/2009** and assigned document number
L09000097458

3. The date the dissolution was approved: **03/29/2012**

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

DUE TO SICKNESS I CANNOT LONGER ABLE TO WORK.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Victor Velasquez

VICTOR VELASQUEZ