

12/23/2014 14:50:28 From: 8506176383

Division of Corporations

L100000085219

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
SULLIVAN'S OF MIAMI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
14 DEC 23 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

14 DEC 23 AM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sullivan's of Miami, 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:

Ellen Patrick

(Name of Person)

Sullivan's of Miami, LLC

(Firm/Company)

920 S. Kimball Ave., Suite 100

(Address)

Southlake, TX 76092

(City/State and Zip Code)

For further information concerning this matter, please call:

Ellen Patrick

(Name of Person)

817

601-3421

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
Sullivan's of Miami, LLC
2. The Articles of Organization were filed on August 13, 2010 and assigned
document number L10000085219
3. The delayed effective date the dissolution if not effective on the date of filing: 12/30/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
Ceased doing business in the State of Florida.

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

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:



Signature

Thomas J. Pennison, Jr.

Printed Name

FILING FEE: \$25.00

FILED
14 DEC 23 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Sullivan's of Miami, LLC

Document number of Limited Liability Company is: L10000085219

Date of dissolution was: 12/30/2014

Description of information that must be included in a written claim:

Sullivan's of Miami, LLC ceased doing business in the State of Florida.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Sullivan's of Miami, LLC

920 S. Kimball Ave., Suite 100

Southlake, TX 76092

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TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Thomas J. Pennison, Jr.

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00