

L100000104588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

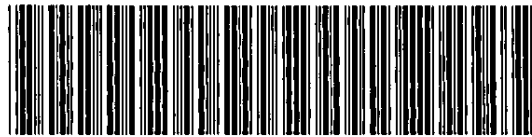
Special Instructions to Filing Officer:

A. LUNT

MAY 25 2011

EXAMINER

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TALLAHASSEE, FLORIDA

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12 MAY 25 PM 12:36
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shea Renea, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alrene Hicks
(Name of Person)

(Firm/Company)
555 Beverly Court #10
(Address)
Tallahassee FL 32301
(City/State and Zip Code)

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For further information concerning this matter, please call:

Alrene Hicks at (850) 445-2719
(Name of Person) (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

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

1. The name of a limited liability company is

Shakeneia, LLC

2. The Articles of Organization were filed on 10/06/2010 and assigned document number

210000104588

3. The date the dissolution was approved: 1/1/2012

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).

See attached letter

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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

see attached letter

Alrene Hicks

See attached letter

Shamire Johnson



SHEARENEA

PO BOX 11282

Tallahassee, FL 32302

(850)445-2719

Sheareneaproducts@gmail.com

SheaRenea LLC
PO Box 11282
Tallahassee, FL 32301
11-17-2011

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TALLAHASSEE, FLORIDA

To: Whom this may concern

The members and managers of SheaRenea, LLC have confirmed that we will be closing all business operation completely as of January 1, 2012. We will be releasing all business licenses and insurances which are associated with the business. We request our status to be changed to "Inactivity" on this date. Please do not hesitate to contact us if you have any questions or if there is anything we need to do to close our records with you before this date. Any other correspondences can be sent to our local manager; Alrene Hicks home address at 555 Beverly Court #10 Tallahassee FL 32301.

Thank you

Sincerely,

Date: 12/12/11

Alrene Hicks
Owner/Manager
Phone: 850 445 2719
Email: Hicksalrene@yahoo.com

Date: 12/7/2011

Shamire Johnson
Owner/Manager
Email: Shamire mishae84@yahoo.com