

L11000026271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

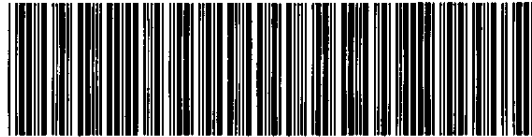
(Document Number)

Certified Copies _____

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2018 APR 13 AM 10:45
TALLAHASSEE, FL

FILED
18 APR 13 PM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 160122 7323191

AUTHORIZATION

COST LIMIT : \$25.00



ORDER DATE : April 12, 2018

ORDER TIME : 4:59 PM

ORDER NO. : 160122-020

CUSTOMER NO: 7323191

DOMESTIC FILINGS

NAME: STELLAR ANDES, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is

Stellar Andes, LLC

2. The Articles of Organization were filed on 03/02/2011 and assigned

document number L11000026271

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

Consent of the Member

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

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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

Clint E. Pyle

Printed Name

FILING FEE: \$25.00