42

LIC 000 115314

(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:			

Office Use Only



400280059534

01/08/16--01008--006 **25.00



JAN 11 2016 J SHIVERS

COVER LETTER

	tion Section of Corporations	
SUBJECT:	Southern Sonshihe (Name of Limit	Science and Jechnology, LLC ed Liability Company)
The enclosed Art	icles of Dissolution and fee(s) are submit	ted for filing.
Please return all	correspondence concerning this matter to	the following:
	Jesemie (Nam	ah Tipton ne of Person
-	·	n/Company)
-	323 Ja	Va Way Address)
	MAOXVIIIc (City/Std	TN 37923 te and Zip Code)
For further inform	nation concerning this matter, please call:	
all the first state of the second	Jelemich Tipton (Name of Person)	at (561) 714 - 8024 (Area Code & Daytime Telephone Number)
\	c for the following amount:	
\$25.00 F	iling Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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
	_ Southern Sunshine Science and Technology, LLC.
2.	The Articles of Organization were filed on $\frac{100707011}{3011}$ and assigned
	document number
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).
	The Concent of all Members.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	ORIDA
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
7	Ference D. Tipton
/	Signature Printed Name / FILING FEE: \$25.00
	ALTELLIA TO THE CONTRACT OF TH