(120000 30289

(Requ	uestor's Name)				
(Address)					
(Addr	ress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

10:	Division of Corporations					
oup in	Susan Y Thompson LLC					
SUBJECT:(Name of Limited Liability Company)						
The encl	osed Articles of Dissolution and fee(s) are submitted	for filing.				
Please re	eturn all correspondence concerning this matter to the	following:				
	Susan Thompson					
(Name of Person)						
(Firm/Company)						
	3942 Lake Joyce Dr					
	(Address) Land O Lakes, FL 34639					
	(City/State	nd Zip Code)				
For furth	ner information concerning this matter, please call:					
Susan Thompson		813 929-0593				
	(Name of Person)	(Area Code & Daytime Telephone Numb	per)			
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:	STREET/COURIER ADDI	RESS:			
	Registration Section Registration Section Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability Susan Y Thompson LLC			
The Articles of Organization L120000 document number	130289	, 2012	_ and assigned
3. The delayed effective date th	e dissolution if not effec	tive on the date of filing	g:
4. A description of occurrence 605,0707, Florida Statutes, (c Member consent to diss	opy 605.0707 on back c	ed liability company's dover letter).	issolution pursuant to section
·			
5. If there are no members, ente activities and affairs:		of the person appointed	
6. Signature of an authorized po above to wind up the company?	rson or if there are no ne activities and affairs:	nembers, the signature of	of the person appointed and listed
Signature		Printe	d Name
Susan Y Thompson		Susan Y Thompso	n

FILING FEE: \$25.00