

L12000095149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

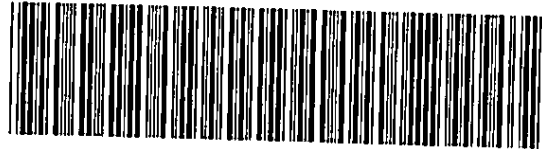
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/10/18--01045--009 **25.00

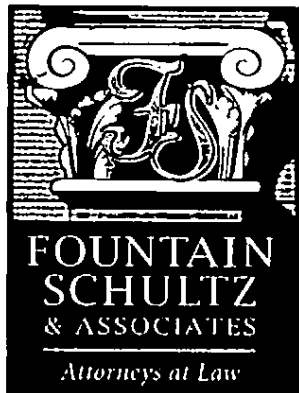
FILED

2018 DEC 10 A 10:36

INLAND COUNTY

D. SCOTT
DEC 13 2018

December 7, 2018



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

VIA REGULAR U.S. MAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: All About Sunset, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Dissolution for the above-referenced entity. Also enclosed is a check in the amount of \$25.00 for filing fee.

Please return a filed copy to me in the enclosed pre-addressed stamped envelope.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,
Fountain, Schultz & Associates, P.L.

Kerry Anne Schultz, Esquire

KAS:amf
cc: Client

Enclosures

2045 FOUNTAIN PROFESSIONAL CT
SUITE A
NAPLES, FLORIDA 32566
TEL: (850) 939-3535
FAX: (850) 939-3539

SANTA ROSA BEACH
TEL: (850) 622-2700
FAX: (850) 622-2722

WWW.FOUNTAINLAW.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All About Sunset 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:

Kerry Anne Schultz, Esquire

(Name of Person)

Fountian, Schultz & Associates

(Firm/Company)

2045 Fountain Professional Ct. Ste. A

(Address)

Navarre, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Anne Schultz

(Name of Person)

at (850) 939-3535

(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

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

1. The name of a limited liability company is

All About Sunset LLC

2. The Articles of Organization were filed on 7/24/18 and assigned

document number L12000095149

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).

According to all members and agreed upon pursuant to the Operating Agreement.

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

Mark Anthony Johnson

1442 Homeport Drive

Navarre, FL 32566

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

Mark Anthony Johnson

Printed Name

FILING FEE: \$25.00