

L130000069683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2015 APR -7 PM 2:43

And Dis
@ 4 24/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVIN Sunshine Companion 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:

Carmel Hill
(Name of Person)

LOVIN Sunshine Companion LLC.
(Firm/Company)

820 Grandview Ave.
(Address)

Altamonte Springs FL 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

Carmel Hill at 407 455-8040
(Name of Person) (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

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

1. The name of a limited liability company is

Lovin Sunshine Companion LLC,

2. The Articles of Organization were filed on 5-13-13 and assigned

document number 413000069883

3. The delayed effective date the dissolution if not effective on the date of filing: 1/1/15
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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 Company is not making
money and as a result we
can not remain open.

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

Carmel Hill
820 Grandview Ave.
Altamonte Springs Fl.
32701

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:

Carmel Hill
Signature

Carmel Hill
Printed Name

FILING FEE: \$25.00

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