L13000083184

	<u>.</u>	
(Re	equestor's Name)	
	· · · =	
(Ad	ldress)	
(Ad	ldress)	
•		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Di	siness Entity Nam	۸۱
(Bu	isiness ⊏nuty ivam	le)
(Do	ocument Number)	
(55	oumone rumbor,	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
	•	
		}
		1

Office Use Only



100296039651

03/02/17--01005--014 **25.00

1. HARRIS

COVER LETTER

	of Corporations	
SUBJECT: 7	The SLSDES LLC	
	The SLSDES LLC (Name of Limited	Liability Company)
The enclosed Artic	cles of Dissolution and fee(s) are submitted	for filing.
Please return all co	orrespondence concerning this matter to the	following:
	Denses	+40
	(Name of	co4+ of Person)
The SISDES LLC (Firm/Company)		
	(Firm/C	company)
	1747 Kemp Rd	
	(Ad	dress)
	Howara, FL (City/State a	32333
_	(City/State a	and Zip Code)
For further informa	ation concerning this matter, please call:	
_		
2	Name of Person)	at (850) 443-0757 (Area Code & Daytime Telephone Number)
	(Name of Ferson)	(Allea Code de Dayume Pelephone Pumber)
Enclosed is a check to	for the following amount:	
□ \$25.00 File	ing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
ì	MAILING ADDRESS:	STREET/COURIER ADDRESS:
	Registration Section	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
· 1	r.O. BOX 0341	Cinton bunding

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	The SISDES LLC
2.	The Articles of Organization were filed on and assigned
	document number <u>L13000083184</u>
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).
	business taken over by new owner
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Denise Scott
	Havara FL 32333
	Her ma FL 32333
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and steed above to wind up the company's activities and affairs:
	Well of Denic Scott
	Signature Printed Name
	FILING FEE: \$25.00