

U30000 85758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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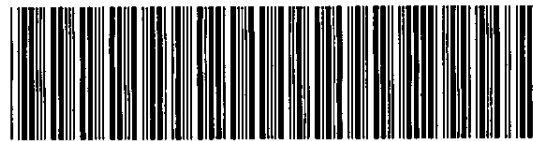
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 19 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SIFTCO, 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:

Christopher Jadick

(Name of Person)

SIFTCO, LLC

(Firm/Company)

18715 Chopin Drive

(Address)

Lutz, FL 33558

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Jadick, MGRM

(Name of Person)

at **813 528-5142**

(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

Siftco, LLC

2. The Articles of Organization were filed on June 13, 2016 and assigned

document number L13000085758

3. The delayed effective date the dissolution if not effective on the date of filing: 4/15/2016
(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 company is not doing any business. It was formed to explore the potential launch of a new product, but

that launch will not be undertaken. The company has no debts or liabilities, and no employees.

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

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18 APR 18 PM 1:28
DEPARTMENT OF STATE
TREASURER
FLORIDA

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

Christopher Jadick

Printed Name

FILING FEE: \$25.00