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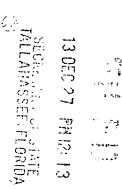
(Re	equestor's Name)					
(Ad	ldress)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	ısiness Entity Nar	me)				
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



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COVER LETTER

Registration Section **Division of Corporations**

Sunshine Bags 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:

Mark Biery	
(Name of Person)	
Sunshine Bags	
(Firm/Company)	
5107 University Blvd W	
(Address)	
Jacksonville, Fl. 32216	

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Biery

(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 liabil Sunshine Bags LLC	• • •			·	
2.	The Articles of Organization document number <u>L1300</u>	_ and assigned				
3.	The delayed effective date t	he dissolution if not eff	ective on the date of filing: _			
4.	A description of occurrence 605.0707, Florida Statutes, (olution p	ursuant to section	on		
	Lack of sales.					
5.	If there are no members, ent		s of the person appointed to	wind up 1	he company's	
	activities and affairs: Mark Biery					
		5107 University Blvd W				
		Jacksonville, F	I. 32216			
6. ab	Signature of an authorized pove to wind up the company	person or if there are no	members, the signature of the	ne person	appointed and	listed
	Signature	2	Printed N	ame	Zon	
	mark Bee	7	Mark Biery		3 DED	
	·	FILING	G FEE: \$25.00		27 FHID IS	Trans.