

L13000117785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

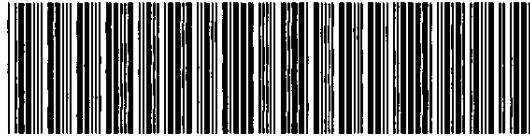
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000272434500

05/04/15--01013--005 **25.00

2015 MAY -4 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 07 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNSLIA Enterprises 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:

Samuel Nicole

(Name of Person)

President

(Firm/Company)

3814 Groome Drive

(Address)

Orlando Florida 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel Nicole

(Name of Person)

at 407 335-7198

(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
SNSLIA Enterprises LLC
2. The Articles of Organization were filed on 2014 and assigned
document number L13000117785
3. The delayed effective date the dissolution if not effective on the date of filing: 4-27-15
(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).
Not Did make any money this past year and went out off business. No Funds to revolve.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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:

Samuel Nicole
Signature

Samuel Nicole

Printed Name

FILING FEE: \$25.00

2015 MAY -4 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SNSLIA Enterprises LLC

Document number of Limited Liability Company is: L13000117785

Date of dissolution was: 01/01/2015

Description of information that must be included in a written claim:

NOT
Did make any money so we have decide to close, so we are out of buisness.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY -4 PM 3:04

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Samuel Nicole

Printed Name of the Person Filing

Samuel Nicole

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00