

#L/3000125236

(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:

CORRECTION TO EFFECTIVE DATE
PER CONVERSATION WITH
SHARON PICKETT 4/28/2015
KS

Office Use Only



100271731021

EFFECTIVE DATE
4-15-2015

04/15/15--01010--014 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 15 PM 3:22

FILED

K. SALLY
EXAMINER
APR 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stormwater Supply, 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:

Sharon M. Pickett

(Name of Person)

Stormwater Supply, LLC

(Firm/Company)

4501 Lake Ashley Drive

(Address)

Mount Dora, Florida 32757

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon M. Pickett

(Name of Person)

407

758-7665

at

(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

EFFECTIVE DATE
4-15-2015

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2015 APR 15 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Stormwater Supply, LLC

2. The Articles of Organization were filed on September 9, 2013 and assigned

document number L13000125236

3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 15, 2015
(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).

Business was not as profitable as expected and. also, family illness did not allow me
the time to be successful.

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:

Sharon M. Pickett
Signature

Sharon M. Pickett
Printed Name

FILING FEE: \$25.00