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(Requestor's Name)						
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	usiness Entity Name	<u>, </u>				
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(U	ocument Number)					
Certified Copies	Certificates o	of Status				
Special Instructions to	Filing Officer:					
						

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Shanna's Shepherds LLC	Shanna's Shepherds LLC				
SODGE		ed Liability Company)				
The end	losed Articles of Dissolution and fee(s) are submitt	red for filing.				
Please r	eturn all correspondence concerning this matter to	the following:				
	Shanna Baggett					
	(Nan	ne of Person)				
	Shanna's Shepherds LLC					
	(Firm/Company)					
	P O Box 932					
	(Address)					
	Havana, FL 32333					
	(City/Sta	te and Zip Code)				
For furt	her information concerning this matter, please call:					
Shanna Baggett		229 872-3164				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed	l is a check for the following amount:					
1	\$25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution &				

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	•			
	Shanna's Shepherds	LLC			·············
2.	The Articles of Organization	n were filed on 12/26/13		and assigned	
	document number 32-043	D4882/3-17	6870		
3.	The delayed effective date t	he dissolution if not effecti date cannot be prior to or more th	ve on the date of filing han 90 days later than date of	10/16/2014 locument is received for the	filing)
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited copy 605.0707 on back cov	liability company's di ver letter).	ssolution pursuant to	section
	business not making ar	y profit	· · · · · · · · · · · · · · · · · · ·		
					
				A	7
5.	If there are no members, em	ter the name and address of	the person appointed t	to wind up the comp	any 2
	activities and affairs:	Shanna Baggett P O	Box 932 Havana, F	FL 32333	CO Property
				EE, FL	3 /11
				TATE ORIDA	D 25
6. lis	Signature of an authorized pattern Signature of an authorized pattern steel above to wind up the control of the	person or if there are no me upany's activities and affai	embers, the signature or rs:	f the person appointe	ed ànd
4	Smbare At	-	Shanna Baggett		
() Signature		Printed Name			

FILING FEE: \$25.00