L14 0000 06311

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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05/17/16--01014--019 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2016

KRISTEN ROHR 4757 FLATBUSH AVENUE SARASOTA, FL 34233

SUBJECT: SOURCE VOLLEYBALL, LLC

Ref. Number: L14000006311

We have received your document for SOURCE VOLLEYBALL, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 116A00008658

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited li Source Volleyball		·		·
2. The Articles of Organiz	ation were filed on	13/2014	and assig	ned
document number	40000063	11		
3. The delayed effective defective d	ate the dissolution if not c ctive date cannot be prior to or I in this block does not meet effective date on the Departr	t the applicable statutory i	filing: 4/7/16 n date document is r filing requirements	eceived for filing) s, this date will not be
4. A description of occurre 605.0707, Florida Statut	ence that resulted in the lies, (copy 605.0707 on ba	imited liability compan	y's dissolution p	oursuant to section
Moved out of Florida and	no longer working on Source	ce Volleyball as an LLC		
5. If there are no members	, enter the name and add: Kristen and Joe Roh		inted to wind up	the company's
activities and affairs:	16036 N 11th Ave U			417 2000 2000 2000 2000 2000 2000 2000 20
	Phoenix, AZ 85023			# 5.1 # 5.1
				3
6. Signature of an authorize listed above to wind up the	zed person or if there are company's activities and	no members, the signad affairs:	ture of the person	n appointed and
All		Kristen Rohr		
Signatu	re	F	rinted Name	

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SURJECT: Source Volleyball

(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:

Kristen Rohr

(Name of Person)

Source Volleyball, LLC

4757 Flathush Av

(Address)

Sarasota, F2 34233 (City/State and Zip Code)

For further information concerning this matter, please call:

Kristen Rohr

(Name of Person)

_{at} 941

408-5498

(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