

L14 000070148

(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



900375812709

Effective Date 12/21/2021

12/20/21--01001--009 ++25.00

2021 DEC 20 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Dissolution

DEC 28 2021

D. C. ...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10 Sioux Road, 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:

Susan Schopbach

(Name of Person)

(Firm/Company)

221 Morton Ln

(Address)

Winter Springs, FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Schopbach

407

718-5795

at (

(Name of Person)

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE
FL
DIVISION OF CORPORATIONS
REGISTRATION SECTION

2021 DEC 20 PM 4:40

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

10 Sioux Road, LLC

2. The Articles of Organization were filed on 4/30/2014 and assigned

document number L14000070148

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021
(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).

no longer in business

no longer in business

no longer in business

5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs: Susan Schopbach

221 Morton Ln

Winter Springs, FL 32708

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:


Signature

Susan Schopbach

Printed Name

FILING FEE: \$25.00

2021 DEC 20 PM 4:40
SECRETARY OF STATE
MAIL ROOM

FILED