

5/20/2021

Division of Corporations

Florida Department of State
Division of Corporations
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H210002033353ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

**LLC DISSOLUTION OR WITHDRAWAL
SCHICKEDANZ STEUER FAMILY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHICKEDANZ STEUER FAMILY 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:

Lisa Steuer

(Name of Person)

SCHICKEDANZ STEUER FAMILY LLC

(Firm/Company)

7712 COUNTYLINE ROAD

(Address)

ODESSA, FL 33556

(City/State and Zip Code)

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For further information concerning this matter, please call:

Courtney L. Scanlon - c/o Hodgson Russ LLP

(Name of Person)

716

848-1538

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

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

1. The name of a limited liability company is

SCHICKEDANZ STEUER FAMILY LLC

2. The Articles of Organization were filed on 04/30/2014 and assigned

document number L14000070498

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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 Transacting Business

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

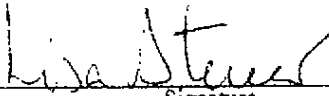
activities and affairs:

Lisa Steuer

7712 COUNTYLINE ROAD

ODESSA, FL 33556

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

Lisa Steuer

Printed Name

FILING FEE: \$25.00

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