

L14000095415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

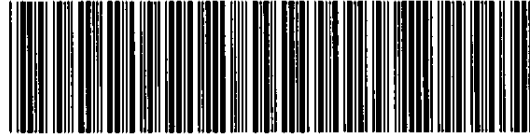
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/15--01009 -005 **35.00

M. MILLIGAN
EXAMINER

JUL 22 2015

FILED
15 JUL -8 AM 11:22
JUL 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shop 904 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:

Emiliano J. Gino
(Name of Person)

(Firm/Company)

3048 Litchfield Dr.
(Address)

Orange Park, FL. 32065
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUL -8 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 7, 2015

SHOP 904 LLC
3048 LITCHFIELD DR.
ORANGE PARK, FL 32065

SUBJECT: SHOP 904 LLC
Ref. Number: L14000095415

We have received your document for SHOP 904 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a Florida limited liability company must comply with section 605.0707, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 315A00009603

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

1. The name of a limited liability company is

Shop 904 LLC

2. The Articles of Organization were filed on 6/13/2014 and assigned

document number L14000095415

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).

The company never commenced on 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:

na

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:

Emiliano Gino

Signature

Emiliano Gino

Printed Name

FILING FEE: \$25.00

