

L14 0000 98613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

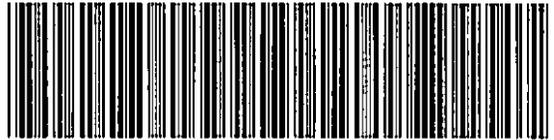
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/20/20--01022--005 **55.00

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Dissolution

SEP 17 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STLIFE HOLDINGS 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:

Maria Andrea Tribin
(Name of Person)

STATETRUST
(Firm/Company)

1750 Clint Moore Road
(Address)

Boca Raton, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Andrea Tribin at 305 921-8101
(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

RECEIVED
STATE
CORPORATION
DIVISION
TALLAHASSEE
FL
JAN 11 2005

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

1. The name of a limited liability company is
STLIFE HOLDINGS LLC

2. The Articles of Organization were filed on 605.0701 Florida Statutes and assigned
document number L14000098813

3. The delayed effective date the dissolution if not effective on the date of filing: 07/07/2020
(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 STLIFE HOLDINGS LLC members decided Dissolve the Company
base on the Florida Statutes Title XXXVI BUSINESS ORGANIZATION
CHAPTER 605 FLORIDA REVISED LIMITED LIABILITY COMPANY ACT SECTION
0701 EVENTS CAUSING DISSOLUTION 6050701 *THE CONSENT OF THE ALL

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

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:

Lourdes Ponte

Signature

Lourdes Ponte

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: STLIFE HOLDINGS LLC.,

Document number of Limited Liability Company is: L14000098813

Date of dissolution was: 07/07/2020

Description of information that must be included in a written claim:

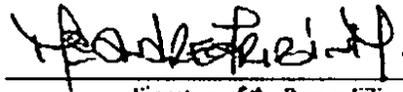
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1750 Clint Moore Road, Boca Raton FL 33487

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Maria Andrea Tribin

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00