

L14000120389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

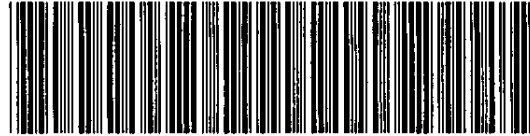
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



500273085065

05/26/15--01021--003 **25.00

EFFECTIVE DATE

6-1-15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 PM 12:20

FILED

MAY 27 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SS Outdoor Services 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:

Clint R. Bengé

(Name of Person)

(Firm/Company)

P.O. Box 1585

(Address)

Santa Rosa Beach, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

Clint Bengé or Kathy O'Connell

(Name of Person)

at (**850**) **714-4566**

(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

EFFECTIVE DATE

6-1-15

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
15 MAY 26 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SS Outdoor Services LLC

2. The Articles of Organization were filed on 07/31/2014 and assigned

document number L14000120389

3. The delayed effective date the dissolution if not effective on the date of filing: 06/01/2015

(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).

Consent of all members

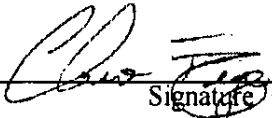
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Clint Bengé

P.O. Box 1585

Santa Rosa Beach, FL 32459

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

Clint Bengé
Printed Name

FILING FEE: \$25.00