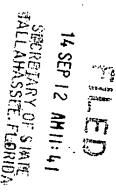
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
'3 '	Office Use Onl	Iy



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COVER LETTER

	ration Section on of Corporations	
SUBJECT:	Shelby Service (Name of Limited	eS LLC, d Liability Company)
The enclosed A	rticles of Dissolution and fee(s) are submitte	d for filing.
Please return all	correspondence concerning this matter to the	,
	Michelle (Name	Garrett e of Person)
	Shelby Set	rices LLC.
	845 STALLIO	Horida 32065
For further info	rmation concerning this matter, please call:	, and Zip Code)
M	ichelle Garrett	at (904) 619-5142 (Area Code & Daytime Telephone Number)
Enclosed is a che	ck for the following amount: 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 Shelby Services LLC.			
2. The Articles of Organization were filed on August 01, 2014 and assigned			
document number <u>L14000120980</u>			
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)			
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).			
After completing 3 Cleaning Service Jobs, Both			
Members have a greed to dissolve the LLC.			
J			
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: MGRM! Darby EXILY			
841 STAllion way Orange Parkfl. 32065	-		
MBRM: Michelle Garrett			
845 STAILLON Way Orange Park FL. 32065			
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:			
Michelle Garrett			
FILING FEE: \$25.00	ŧ		
	,		