L14000122169

(Requestor's Name)				
(Address)				
· (Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

The second of Office Use Only 1 - To



600267546346

12/22/14--01007--002 **55.00

211 DEC 22 PH D2 16 DEC 11 AUG DE STATE,

N. CAMPAGE DEC 3 U 2014.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Southern Bells by Nicolle				
(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:				
Sabrina Burton				
(Name of Person)				
Company Dwner (Firm/Company)				
(Firm/Company)				
109 Creekside Bluff				
(Address)				
HRAM 69 30141 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Sabrina Burton 11(994) 404-0608				
(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

3854 DEC 22 PM 12: 16

			温神 ひしし 22 1111-
1. The name of a limited liability company	•		LUBERTAN YOF STATE
Southern Bells by	Vicolle,	UC	SECRETARY OF STATE
2. The Articles of Organization were filed of	on 08/04	14	and assigned
document number <u>L1400013</u>	12149		
3. The delayed effective date the dissolutio (effective date cannot be	n if not effectiv prior to or more the	e on the date of f an 90 days later than	iling: date document is received for filing)
4. A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.070	07 on back cove	er letter).	
the business has no	at beer	able to	obtain
any business or mone			
Therefore 175 Une best	· Interes	t of the	<u>business</u>
and people to cease	Compai	74.	
5. If there are no members, enter the name activities and affairs:	and address of t a Burton		nted to wind up the company's
109 Cr	eekside B	luff	· · · · · ·
HIRAM	n, 6a	30141	
6. Signature of an authorized person or if the	nere are no men	bers, the signatu	re of the person appointed and
listed above to wind up the company's activ	ities and affairs	s:	6 P
Saknira Buton		Sabern	IA Burton
Signature		Pr	inted Name
	FILING FEE	: \$25.00	
\$			artified opy