

L 14 000 196352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

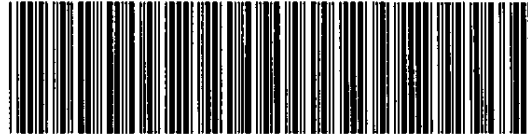
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/13/15--01038--019 \*\*25.00

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15 APR 13 PM 4:58  
CLERK, DEPT OF STATE  
TALLAHASSEE, FLORIDA

FILED APR 24 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIMS HOUSE 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:

JAMES SCURRY  
(Name of Person)

SIMS HOUSE LLC  
(Firm/Company)

219 GRAND BLVD  
(Address)

TARPOW SPRINGS FL 34689  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES SCURRY at 215 630 2888  
(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**

1. The name of a limited liability company is

Sims House LLC

2. The Articles of Organization were filed on December 30, 2014 and assigned  
document number L14000196352

3. The delayed effective date the dissolution if not effective on the date of filing: 04-07-2015  
(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).

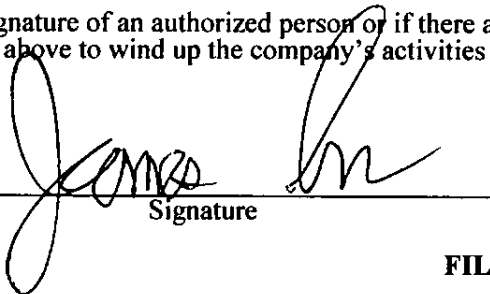
Change in business model no longer  
required LLC status.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

JAMES SCURRY  
219 GRAND BLVD  
TARPON SPRINGS FL 34689

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

JAMES SCURRY  
Printed Name

**FILING FEE: \$25.00**