15000060054

(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



600322508826

01/17/19--01014--020 **25.00

SECRETARY OF STATE

COVER	LETTER ; '
TO: Registration Section Division of Corporations	
SUBJECT: SISTERS DECOR	Eliability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Elizabeth	OR R
Sisters I	ecor More LLC
14-63 Rega	Pointe In.
OR HOND (City/State a	each, FL 32174
For further information concerning this matter, please call:	
Elizabeth ORR (Name of Person)	at (708) 983-8836 (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:	STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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		
2.	The Articles of Organization were filed on March 20, Zand assigned		
	document number <u>L150000660.54</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing: 1-15-2019 (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).		
	Lease ended not Renewed on business location.		
	Complete disposal of inventory.		
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
	1-15-2019		
	Signature Printed Name		

FILING FEE: \$25.00