# L15000083202

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER.**

TO: ' Registration Section Division of Corporations
SUBJECT: SUPPLEME LOCATORS 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:
NICholas Loonso Jr (Name of Person)
. <del></del>
(Firm/Company)
55 Almond Dr
OCO/Q FL 3/172
(City/State and Zip Code)
For further information concerning this matter, please call:
Nicholas Luongo at 352, 80%-8977  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution  S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
SUPPEME LOCATORS LLC
2. The Articles of Organization were filed on
document number <u>L 150000 83202</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)  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).
Business closed
Busness has no money E
Supreme Loctor We - is not ProFitable
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Nicholas Lucingo Jr
55 Almond Dr
Ocab FL 34472
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:
Infile hours Wicholas Lunnon J.
Signature Printed Norma

FILING FEE: \$25.00