15000109128

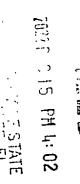
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
	
(Business Entity Name)	
(Document Number)	_
Cadified Carias	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
	!

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SAIL (Name of Limited Lia	bility Company)
The enclosed Articles of Dissolution and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to the fo	llowing:
LARRY Mc DRC (Name of P	erson)
5p1 4 4	S(1) 44(*
2506 Little (Address	auntry Rd
PARRIS H (City/State and	74219 Zip Code)
For further information concerning this matter, please call:	
LARRY MUDRETTO	at (222) 3/5 3/3 7 (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)
Registration Section R	treet Address: Registration Section Division of Corporations

The Centre of Tallahassee

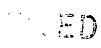
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is SALL SUN LOCALISTATE STATE STATE
2.	The Articles of Organization were filed on <u>Tune 26</u> , <u>2015</u> and assigned document number <u>L 15000109128</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).
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: ARRY MORCIN MORCIA MUCH TO MORCIA
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: April April

FILING FEE: \$25.00