

L15000 192 215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

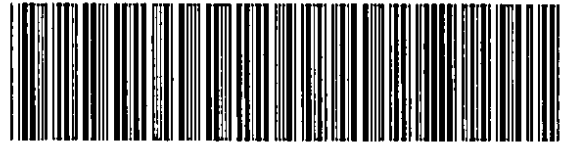
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700350038167

08/11/20--01016--003 *425.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 AUG 11 AM 11:12

Dissolution

OCT 0 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunray Management 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:

Alan E. Gooding, Esq.

(Name of Person)

(Firm/Company)

2161 E. Calle Calais

(Address)

Tucson, Arizona 85718

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan E. Gooding, Esq.

520

780-2144

at (

(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 Address:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 11 AM 11:12

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
STATE DEPT. OF CORP. ORATION
20 AUG 11 AM 11:12

1. The name of a limited liability company is

Sunray Management LLC

2. The Articles of Organization were filed on November 12, 2015 and assigned

document number L15000192215

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).

All the members consent to the dissolution of the Company because the Company has sold all its assets

All the members consent to the dissolution of the Company because the Company has sold all its assets

All the members consent to the dissolution of the Company because the Company has sold all its assets

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. 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

Hissa Larimore

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Sunray Management LLC

Document number of Limited Liability Company is: L15000192215

Date of dissolution was: July 29, 2020

Description of information that must be included in a written claim:

Name of the Claimant _____

Amount of the Claim _____

Facts and details supporting the substance of the Claim _____

Any and all written agreements or contract supporting the claim (if contractual) or judgments or court orders (if a jud _____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

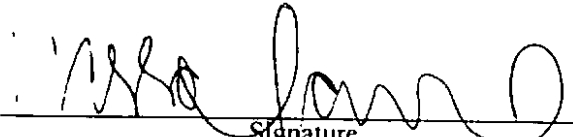
26895 Aliso Creek Rd

Suite B

Aliso Viejo, California 92656

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Hissa Larimore
Printed Name of the Person Filing


Signature

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00