(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



200307591512

01/16/18--01014--018 **25.00

B FIGUEROA JAN 1 7 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunsewn Appare LL (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:
Jordan Collinet (Name of Person)
(Firm/Company)
3206 W Azeele St. #117
Tompa FL 33609 (City/State and Zip Code)
For further information concerning this matter, please call:
Jordan Collinet at (813) 545-0971 (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

The name of a limited liabil	ity company is				
Sunsewn	Apparel	LLC	·		·
The Articles of Organizatio	n were filed on	1/4/1	6	_ and assigned	
document number <u>L_1_(</u>	00000	1355			
The delayed effective date teffective Note: If the date inserted in the listed as the document's effective.	date cannot be prior to his block does not me	or more than 9 eet the applica) days later than date o ble statutory filing r	locument is received for f	
A description of occurrence 605.0707, Florida Statutes. (that resulted in the copy 605.0707 on	e limited liab back cover le	ility company`s di etter).	ssolution pursuant to	section
Owner de	cided to	end	Gusiners		
					ي _
	<u> </u>				- 2
If there are no members, enactivities and affairs:		_		o wind up the compa	N 6 AM 0: 36
	3206	ر بي	trocle st	_	
	Tampa	-FL	33609		
Signature of an authorized ped above to wind up the cor	person or if there ar npany's activities a	re no member and affairs:	rs, the signature of	the person appointed	d and
			Jordan	Collinet	
Signature	-		Printed	Name	

FILING FEE: \$25.00