

L 16 000056780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Resolution

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D CUSHING

JANE DELLA ROCCO

3929 Highspire Dr.
Independence, KY 41051
484-318-1369

Stephanie.dellarocco@gmail.com

Florida Department of State
Registration Section
Division of Corporation
The Centre of Tallahassee
2415 N. Monroe Street Suite810
Tallahassee, FL 32303

To Whom It May Concern,

Enclosed are the necessary documents for Articles of Dissolution for a Limited Liability Company. Also included is the signed Withdrawal Agreement with all members signatures for the withdrawal of Registration in the state of Kentucky where we now reside.

Thank you in advance for your assistance.

Sincerely,

Jane Della Rocco
Jane Della Rocco

2022 AUG 26 PM 1:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SGSO ENTERPRISE 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:

JANE DELLA ROCCO

(Name of Person)

SGSO ENTERPRISE LLC

(Firm/Company)

3929 HIGMSPIRE DR

(Address)

INDEPENDENCE, KY 41051

(City/State and Zip Code)

For further information concerning this matter, please call:

JANE DELLA ROCCO

(Name of Person)

at (404) 318-1369

(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

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

1. The name of a limited liability company is

SGSO ENTERPRISE LLC

2. The Articles of Organization were filed on 03/21/2016 and assigned

document number L16000056780

3. The delayed effective date the dissolution if not effective on the date of filing: OCT. 1, 2022
(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).

WE ARE NO LONGER OPERATING THE BUSINESS.

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: REFER TO WITHDRAWAL AGREEMENT

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:

Jane Della Rocco
Signature

JANE DELLA ROCCO
Printed Name

FILING FEE: \$25.00