

LIB0000168004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

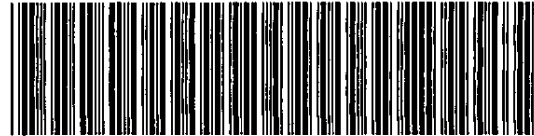
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 02 2017  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310  
17 JUN -2 PM 2:46



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2017

ALAN BIAS  
SHERGEN LLC  
7745 DANSON COURT  
LAKE WORTH, FL 33467

SUBJECT: SHERGEN LLC  
Ref. Number: L16000168004

We have received your document for SHERGEN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 617A00007534

2017 MAY 30 PM 5:08  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHERGEN 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 BIAS  
(Name of Person)  
  
(Firm/Company)  
7745 DAWSON CT  
(Address)  
LAKE WORTH, FL. 33467  
(City/State and Zip Code)

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For further information concerning this matter, please call:

ALAN BIAS at (561) 301-9534  
(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**

1. The name of a limited liability company is

SHERGEN LLC

2. The Articles of Organization were filed on 9-8-2016 and assigned

document number L16000168004

3. The delayed effective date the dissolution if not effective on the date of filing: 4-13-17  
(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).

CLOSED

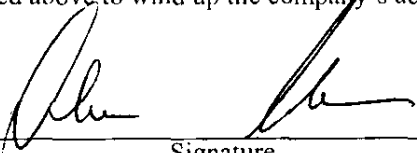
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

ALAN BIAS

7745 DAWSON CT

LAKE WORTH, FL. 33467

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

ALAN BIAS

Printed Name

**FILING FEE: \$25.00**

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**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

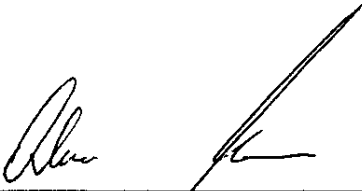
**FIRST:** The name of the limited liability company is: SHERGEN LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000168004

**THIRD:** The date of filing of the initial articles of organization is: 9-8-2016

**FOURTH:** The date of filing of the dissolution is: 4-13-2017

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

ALAN BIAS

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA  
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