

L1700000 9059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

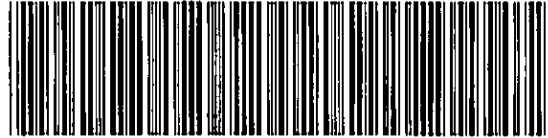
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100323731501

01/28/19--01032--006 **25.00

RECEIVED
FEB 7 2019
STATE
CLERK

Dissolution

FEB - 7 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SugarLight 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:

Jami Morton
(Name of Person)

(Firm/Company)

14407 189th A/c Ct E.
(Address)

Bonney Lake WA 98391
(City/State and Zip Code)

For further information concerning this matter, please call:

Jami Morton at (206) 353-6383
(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

RECEIVED
STATE
DIVISION OF
CORPORATIONS
JAN 24 2006
PM 3:10

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

1. The name of a limited liability company is

Sugarlight LLC

2. The Articles of Organization were filed on 1/11/17 and assigned

document number L17000009059

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).

Not using this entity

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:

Jami Morton

Signature

Jami Morton

Printed Name

FILING FEE: \$25.00

FILED
DEPT. OF STATE
CORPORATIONS