L17000020998

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Speciał Instructions to Filing Officer:

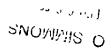
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02/01/18--01017--016 **25.00





COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: Summertime Bookkeeping LLC (Name of Limited Liability Company)	_
the enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Victoria Summers (Name of Person)	
(Firm/Company) 36 Alegra Cir (Address)	
36 Alegría Cir (Address) St Augustine FL 32095 (City/State and Zip Code)	
or further information concerning this matter, please call:	
Victoria Sunmers at 904 253 - 0620 (Name of Person) (Area Code & Daytime Telephone Number)	
nclosed is a check for the following amount: **Estimate of Dissolution Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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 Summertime Bookkeeping LLC	
2.	The Articles of Organization were filed on $1/26/2017$ and assigned	
	document number <u>L1700020998</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 11/1/2017 (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). did hot start business, no clients and no incompany.	Ŀ.
		, 2
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Victoria Summers	
	36 Alegnia Cir	
	St. Augustine Fl 32095	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
y	Victoria Summers Signature Printed Name	
	Signature Printed Name	

FILING FEE: \$25.00