

L170000 48491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

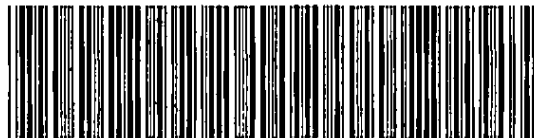
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign

Office Use Only



500311369355

04/06/18--01021--008 **25.00

FILED

18 APR 18 PM 2:50

SECRETARY OF STATE
COLUMBIA, MISSISSIPPI

K SALY
APR 19 2018

Attn: Karen Saly

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Erickson Packaging Sales, LLC
(Name of Limited Liability Company)

RECEIVED
2018 APR 18 AM 10:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Erickson
(Name of Person)

Erickson Packaging, LLC
(Firm/Company)

1732 Lark Lane
(Address)

Northlake, TX 76226
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Erickson at (940) 231-3272
(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**

FILED
18 APR 18 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Erickson Packaging Sales LLC

2. The Articles of Organization were filed on _____ and assigned

document number L17000048491

3. The delayed effective date the dissolution if not effective on the date of filing: 4/1/18
(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).

Business relocated to Texas

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:

x [Signature]
Signature

Robert Erickson
Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2018

ERICKSON PACKAGING SALES, LLC
ROBERT ERICKSON
1732 LARK LANE
NORTHLAKE, TX 76226

SUBJECT: ERICKSON PACKAGING SALES, LLC
Ref. Number: L17000048491

We have received your document for ERICKSON PACKAGING SALES, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 118A00007115