Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001975553)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033

Phone : (305)644-3055

Fax Number : (305)644-3052

LLC DISSOLUTION OR WITHDRAWAL MY SUN GRID, LLC

| | Carle Manager and Control of the Con | | = |
|-----------------------|--|------|------------|
| Certificate of Status | 0 | | - 8 |
| Certified Copy | 0 | 22.2 | |
| Page Count | 01 | 3:1 | <u>∓</u> π |
| Estimated Charge | \$25.00 | DA. | 2 |

Electronic Filing Menu Corporate Filing Menu

May 18, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

MY SUN GRID, LLC 4301 WASHINGTON ST HOLLYWOOD, FL 33021

SUBJECT: MY SUN GRID, LLC REF L17000084780

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The dissolution was not included.

Phense 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.

Tracy L Lemieux FAX Aud. #: H21000197555 Regulatory Specialist II Letter Number: 821A00010398

COVER LETTER

| Division of Corporations | |
|--|---|
| MY SUN GRID, LLC SUBJECT: | |
| | imited Liability Company) |
| The enclosed Articles of Dissolution and fee(s) are sub | omitted for filing. |
| Please return all correspondence concerning this matte | r to the following: |
| ENNA DIEPPA | |
| | Name of Person) |
| KIJOENNA SERVICES INC | |
| | (Firm/Company) |
| 2141 SW 1 ST SUITE 110 | |
| | (Address) |
| MIAMI, FL 33135 | |
| (City | /State and Zip Code) |
| For further information concerning this matter, please (| call |
| | |
| Enna Dieffa | at () 786499 7132at () (Area Code & Daytimo Telephone Number) |
| (Name of Person) | (Area Code & Daytimo Telephone Number) |
| Enclosed is a check for the following amount: | |
| 图 \$25.00 Filing Fee and Certificate of Dissolution | Cutified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| Tananassee, 1 D 22214 | Tallahassee, FL 32303 |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | |
|--|--|
| MY SUN GRID, LLC | |
| 2. The Articles of Organization were filed on 04/17/20 document number L17000084780 | 017 and assigned |
| 3. The delayed effective date the dissolution if not effective date cannot be prior to or m | he applicable statutory filing requirements, this date will not be |
| 4. A description of occurrence that resulted in the lim 605.0707, Florida Statutes, (copy 605.0707 on back NO ACTIVITY | nited liability company's dissolution pursuant to section cover letter). |
| NO ACTIVITY | |
| NO ACTIVITY | |
| | |
| 5. If there are no members, enter the name and address activities and affairs: WILSON A AVILA C. | |
| 6. Signature of an authorized person or if there are no above to wind up the company's activities and affairs: | n members, the signature of the person appointed and listed |
| Vilsena ANTO Chalanca | WILSON A AVILA CHALARCA |
| Signature | Printed Name |

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a

| voluntary dissolution. | |
|---|---|
| Name of Limited Liability Company: MY SUN GRID, LLC | |
| Document number of Limited Liability Company is: | 0084780 |
| Date of dissolution was: | |
| Description of information that must be included in a writte | n claim: |
| | |
| | |
| | |
| | |
| | |
| | |
| Mailing address where claims can be sent: (Claims cannot h | e sent to the Division of Corporations) |
| | |
| | |
| | |
| | |
| A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no | will be barred unless a proceeding to enforce the tice. |
| | |
| WILSON A AVILA CHALARCA | · |
| Printed Name of the Person Filing | Signature of the Person Filing |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00