

W17000127176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

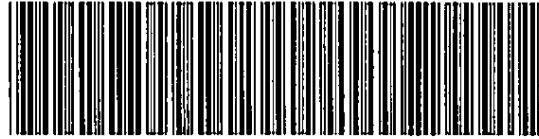
(Business Entity Name)

(Document Number)

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01/31/22--01013--022 \*\*25.00

FILED  
2022 JAN 31 PM 7:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
FEB 09 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SRPBP, 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:

David Walters

\_\_\_\_\_  
(Name of Person)

SRPBP, LLC

\_\_\_\_\_  
(Firm/Company)

1038 Lucius Road

\_\_\_\_\_  
(Address)

Cherry Log, Georgia 30522

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Walters

786

256-5114

at (

\_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2022 JAN 31 PM 7:01

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is SRPBP, LLC

2. The Articles of Organization were filed on 06/09/2017 and assigned  
document number L17000127176

3. The delayed effective date the dissolution if not effective on the date of filing: 01/01/2022  
(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).  
Sole proprietor of this single-member LLC moved out of state.  
Sole proprietor of this single-member LLC moved out of state.  
Sole proprietor of this single-member LLC moved out of state.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
David Walters  
1038 Lucius Road  
Cherry Log, GA 30522

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:

David Walters  
Signature

David Walters  
Printed Name

FILING FEE: \$25.00