

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	
\	UMILS.	
	Office Use Or	niv



10/09/24~-01019--015 **25.00



COVER LETTER

TO: Registration S Division of C		
SUBJECT:	Sleumers South	Horiora d Liability Company)
	(rume or zmm	- Landson, Goodpany,
The enclosed Articles	of Dissolution and fee(s) are submitte	ed for filing.
Please return all corres	spondence concerning this matter to t	he following:
	Laurie ann +	ouran e of Person)
	Bleumers Sais	Company)
	199 NW 7th ST	
	Boeix Rater	F1. 33432
	(City/State	e and Zip Code)
For further informatio	n concerning this matter, please call:	
hai	(Name of Person)	at (Area Code & Daytime Telephone Number)
Enclosed is a check for t	he following amount:	
☐ \$25.00 Filing	Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 4114114550	I'L J2J14	2415 N. Montoe Street, Saite 610

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is South Florioth
2.	The Articles of Organization were filed on $\frac{7.31.2017}{}$ and assigned
	document number
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).
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Lauric Can Rulman 199 NW #5T Book Rabou F. 33432
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
_	aurie Ann Bulmar Laure Ann Bulmar Printed Name

FILING FEE: \$25.00