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| (R | equestor's Name) | | |
|---|-----------------------|---------------------------|--|
| · (A | ddress) | | |
| (A | ddress) | | |
| (C | ity/State/Zip/Phone # | () | |
| PICK-UP | ☐ WAIT | MAIL | |
| (B | usiness Entity Name |) | |
| (Document Number) | | | |
| Certified Copies | Certificates o | of Status | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

Registration Section

TO:

| Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: Sunday Max LL (Name of Limited | _C | | |
| • (Name of Limited | a Liability Company) | | |
| | | | |
| The enclosed Articles of Dissolution and fee(s) are submitted | d for filing. | | |
| Please return all correspondence concerning this matter to the | e following: | | |
| Antonio L. | of resort | | |
| Sunday Max LLC (Firm/Company) | | | |
| 1102 Cobbles | Stone Cir. Apt B | | |
| Kissimmel (City/State | F1 34744 and Zip Code1 | | |
| For further information concerning this matter, please call: | | | |
| Antonio Chaparro | at (<u>407</u>) <u>569-9575</u> (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 | | |

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | |
|---|--|
| Sundaymax LLC | · |
| 2. The Articles of Organization were filed on 10 26 2017 and assigned | |
| document number <u>L 17 000 2223 323</u> | |
| 3. The delayed effective date the dissolution if not effective on the date of filing: 415 20 (effective date cannot be prior to or more than 90 days later than date document is received Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this disted as the document's effective date on the Department of State's records. | 018 I for filing) date will not be |
| 4. A description of occurrence that resulted in the limited liability company's dissolution pursua 605.0707. Florida Statutes, (copy 605.0707 on back cover letter). | IN TALL AHA |
| Company never took effect. | SSEE FLO |
| | <u> </u> |
| | 7. C |
| 5. If there are no members, enter the name and address of the person appointed to wind up the concivities and affairs: Antonio L Chaparro | ompany's |
| 1102 Cobblestone Cir. | |
| AptB | |
| Kissimmel, Fl 34744 | |
| 6. Signature of an authorized person or if there are no members, the signature of the person appolisted above to wind up the company's activities and affairs: | inted and |
| Antonia Chapar | rd |
| Signature Printed Name 2 | |
| FILING FEE: \$25.00 | |