

L 17000 226 375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

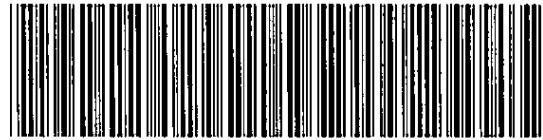
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2019 APR 22 PM 5:13

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D. PRATT, C.

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: TRIPLE S DEVELOPERS, 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:

SKIP BERG

(Name of Person)

SKIP BERG, P.A.

(Firm/Company)

1872 TAMiami TRAIL S, SUITE D

(Address)

VENICE, FL 34293

(City/State and Zip Code)

For further information concerning this matter, please call:

SKIP BERG

(Name of Person)

at ( 941 ) 493-0871

(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**

1. The name of a limited liability company is  
TRIPLE S DEVELOPERS, LLC

2. The Articles of Organization were filed on 10/27/2017 and assigned  
document number L17000226375

3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 2019  
(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).

The business purpose for forming the LLC has been completed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Louis Sclafani  
Signature

LOUIS SCLAFANI, Member  
Printed Name

**FILING FEE: \$25.00**

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STATE  
CORPORATION  
DIVISION

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