

L17000227455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

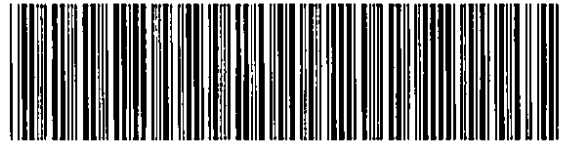
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
SEP 13 2018

eff. 9/10/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Satellite Beach Solutions LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald Keene

(Name of Person)

Satellite Beach Solutions LLC

(Firm/Company)

100 Sherwood Avenue

(Address)

Satellite Beach, Florida 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Keene

321

412-6658

(Name of Person)

at (

(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Satellite Beach Solutions LLC

2. The Articles of Organization were filed on November 2, 2017 and assigned
document number 117000227455

3. The delayed effective date the dissolution if not effective on the date of filing: 10 September, 2018
(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).
Business is closing due to all partners moving from current location or 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:

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STATE OF FLORIDA
DEPARTMENT OF STATE

FILED

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:


Signature

Donald R. Keene
Printed Name

FILING FEE: \$25.00