

L170002591011

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

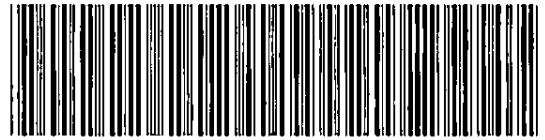
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17 DEC 27 PM 2:49

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 923302 7201961

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : November 20, 2017

ORDER TIME : 3:02 PM

ORDER NO. : 923302-030

CUSTOMER NO: 7201961

DOMESTIC FILINGS

NAME: SUNRIDGE RESOURCES, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is

SUNRIDGE RESOURCES, LLC

2. The Articles of Organization were filed on 12-20-2017 and assigned

document number L17000259011

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).

ORIGINAL FORMATION SUBMITTED IN ERROR.

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

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:

/s/ DAVID T CALLAN

Signature

DAVID T. CALLAN

Printed Name

FILING FEE: \$25.00

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DEPARTMENT OF STATE