## L18000019720

(Re	equestor's Name)
(Ac	ddress)
(Ac	idress)
(Ći	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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O SIMMONS
JUL 2 6 2018

## **COVER LETTER**

Division of Corporations		
SUBJECT: Stars House -	T St 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	c following:	
Siegfried Taylor (Name of Person)		
O (Name	of Person)	
(Firm/Company)		
1855 Lindsey	Magnolia Court	
(Address)		
Navarre,	FL 32566 and Zip Code)	
(City/State	and Zip Code)	
For further information concerning this matter, please call:		
C: Circle To day	050 200 2125	
(Name of Person)	at ( <u>850</u> ) <u>382-7475</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:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
rananasscu, FL 32314	2001 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is
	Stars House T St LLC
2.	The Articles of Organization were filed on <u>January 22, 2018</u> and assigned
	document number <u>L 18000019720</u>
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).
	E TLOROA
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Sieafried Taylor
	1855 Lindsey Magnolia Court
	Navarre, FL 32566
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Sigfra lay SIEGFRIED TATLOR
_	Signature Printed Name

**FILING FEE: \$25.00**