118000 166328

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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10/15/19--01011--002 **25.00

2815 (1.15 / 7.11 9:14)



COVER LETTER

Division of Corporations
SUBJECT: Superior Outdoor Kitchens And More 21dd
(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:
William Scott Day
(Name of Person)
(Firm/Company)
(Pinte onipant)
56/ Blue Cypress Drive
(Address)
56/Blue Cypress Drive Grove-Med FL 34736 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352, 227-0524) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount.
D\$25.00 Filing Fee and Certificate of Dissolution
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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
	Superior atolar Titchers Alle Morento
2.	The name of a limited liability company is Superior Actology Kitchers Acid More H. W. C. The Articles of Organization were filed on
	document number <u>L18000166328</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: Filing Date is Free reflective 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). Partver, Mark E Feeser died on March 7, 2017.
	I, William S. DAW, do not wish to continue
	The business.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: William Scott Day
	56/ Blue Cypress Die.
	broveland, FL 34736
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:
	$\left(\frac{1}{2}\right)$
	Signature William Scott Day Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

and of Emined Liability Company
ame of Limited Liability Company Superior Outdoor Kitchens Aud Mon
ocument number of Limited Liability Company is: <u>L/8000/66328</u>
ate of dissolution was: Filing Duke
escription of information that must be included in a written claim:
Receipt for Services And clescopping of
responsibility for Chrim
failing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
561 Blue Cypress Dric
1000 Jack Fl. 34736
56/ Blue Cypress Druc Grove/Aud, FL 34736
56/ Blue Cypress Druc Grove/Aul, FL 34736
56/ Blue Cypress Druc Grove/Aul, FL 34736
56/ Blue Cypress Druc Grove/Aud, FL 34736
claim against the above named limited liability company will be barred unless a proceeding to enforce the
claim against the above named limited liability company will be barred unless a proceeding to enforce the