

L18000180641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

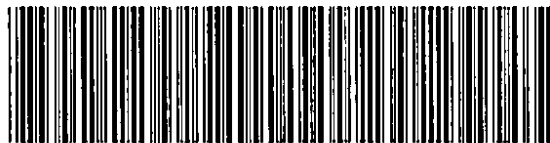
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100317659271

08/31/18--01014--028 **55.00

FILED
2018 AUG 31 PM 3:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sleepy Baby's First Crib 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:

Diana Hurtt

(Name of Person)

Sleepy Baby's First Crib LLC

(Firm/Company)

148 NE 155th Terrace

(Address)

Williston, FL 32696

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Hurtt

(Name of Person)

at (352) 354-4094

(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

2010 AUG 31 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. The name of a limited liability company is

Sleepy Baby's First Crib LLC

2. The Articles of Organization were filed on July 27, 2018 and assigned

document number L18000180641

3. The delayed effective date the dissolution if not effective on the date of filing: August 1, 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).

We were not making any money with the business and were forced to close the business on 8/7/18.

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

Diana Hurtt

148 NE 155th Terrace

Williston, FL 32696

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:

Diana Hurtt
Signature

DIANA HURTT
Printed Name

FILING FEE: \$25.00

2018 AUG 31 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED