

L18 000 209020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

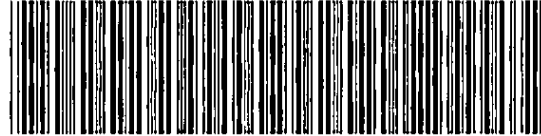
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FEB 19 2020

2020 JAN 21 AM 8:41

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOPOLI 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:

Viktoriya Stampfli

(Name of Person)

SOPOLI LLC

(Firm/Company)

PO Box 12216

(Address)

Brooksville, FL 34603

(City/State and Zip Code)

For further information concerning this matter, please call:

Viktoriya Stampfli

352 5154435

at ( )

(Name of Person)

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

SOPOLI LLC

2. The Articles of Organization were filed on August 31, 2018 and assigned

document number 118000209020

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).

voluntarily dissolving the LLC, business purpose of the LLC ceases to be economically viable

voluntarily dissolving the LLC, business purpose of the LLC ceases to be economically viable

voluntarily dissolving the LLC, business purpose of the LLC ceases to be economically viable

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

Viktoriya Stampfli

PO Box 12216

Brooksville, FL 34603

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

Viktoriya Stampfli

Printed Name

**FILING FEE: \$25.00**

2020 JAN 21 AM 8:41

FILED

## 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.

Name of Limited Liability Company: SOPOLI LLC

Document number of Limited Liability Company is: L18000209020

Date of dissolution was: 1/1/2020

Description of information that must be included in a written claim:

No Claims available

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Viktoriya Stampfli

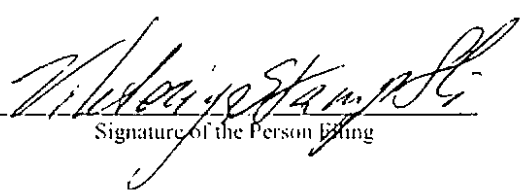
PO Box 12216

Brooksville FL 34603

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Viktoriya Stampfli

Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00