L18000 220 229

(Requestor's Name)				
(Address)				
• ,				
(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:				

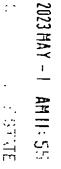
Office Use Only



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6/30/23 VIN



COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations L18000 220 229 SUBJECT: Sunshine State Stuceo 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: Johnathon Martin (brother) (Name of Person) n/a (Firm/Company) 2018 SE Tiffany Ave. (Address) Port St. Lucie, FL 34952 (City/State and Zip Code) For further information concerning this matter, please call: Months Martin at (772) 267-6064

(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: Street Address: Registration Section Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabi	lity company is		
Sunshine State Stucco LLC			
2. The Articles of Organization document number 1.180001		and	l assigned
3. The delayed effective date (effective Note: If the date inserted in		an 90 days rater than date docuir blicable statutory filing requir	ient is received for tiling)
	(copy 605.0707 on back cove	er letter).	,
Michael S.Martin, manager as	nd owner of SunshineState Stuce	co LLC, passed away on Janu	iary 5, 2023 ₅
at HCA Florida St. Lucie Hos	pital in Port St. Lucie, FL.		ary 5, 2023, 72
5 16.1			
5. If there are no members, er activities and affairs:	To be determined.	Joh Moses in	BAOFIELD
		JOH MARTIND 2018 SE THE	ANY ASE
		7-6064	CAELEL
	772-26	7-6064	34952
6. Signature of an authorized above to wind up the company	person or if there are no ment's activities and affairs:	nbers, the signature of the p	person appointed and listed
o Jonatha :	Martin	X Jona than	Martin
Signature		Printed Nan	ne

FILING FEE: \$25.00