

L18000 228 945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

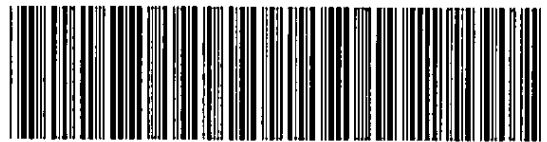
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/13--01005--025 **25.00

FILED
MAY 15 2013
TALLAHASSEE FLORIDA

FILED
MAY 15 2013
TALLAHASSEE FLORIDA

FILED
MAY 15 2013
TALLAHASSEE FLORIDA

FILED
MAY 20 2013
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SOCIAL SUBSCRIPTION BOX, 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:

Regina Sheeron

(Name of Person)

SOCIAL Subscription Box

(Firm/Company)

2021 N Lemans Blvd Unit 6105 Tampa FL 33607

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Regina Sheeron

(Name of Person)

at **267 4565290**

(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

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

1. The name of a limited liability company is
SOCIAL SUBSCRIPTION BOX, LLC

2. The Articles of Organization were filed on 8:00AM September 26, 2018 and assigned
document number L18000228945

3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 2019
(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).

The business was not profitable.

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

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:

FILED
2018 MAY 15 P 006
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

Regina Sheeron

Signature

Regina Sheeron

Printed Name

FILING FEE: \$25.00