

L18000248315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

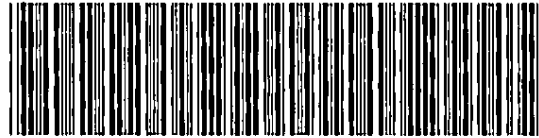
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
FILING ASSISTANT

2019 APR 12 PM 6:17

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AND  
FILED

T.G.  
CA 11/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **SANRINI 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:

**Joseph Ford**

(Name of Person)

**Sanrini LLC**

(Firm/Company)

**606 ne 14th ave**

(Address)

**Fort Lauderdale, FL, 33304**

(City/State and Zip Code)

2019 APR 12 PM 6:17  
TALLAHASSEE, FL 32301  
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For further information concerning this matter, please call:

**Joseph Ford**

(Name of Person)

**954 2049376**

(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

SANRINI LLC

2. The Articles of Organization were filed on 10/22/2018 and assigned

document number L18000248315

3. The delayed effective date the dissolution if not effective on the date of filing: 05/11/2019  
(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).

Not enough demand for my products, forcing me to go out of 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: Joseph Ford 606 ne 14th ave, Fort Lauderdale, FL 33304

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

Joseph Ford

Printed Name

**FILING FEE: \$25.00**

2019 APR 12 PM 6:18  
SECRETARY OF STATE  
FILED

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AND  
FILED