119000 1601345

(Re	questor'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

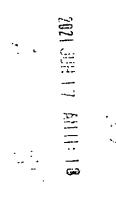


200360870602

RECEIVED

MAR 1 5 2021

03/16/21--01003--013 **35.00



O SIMMONS
JUN 29 2021



FLORIDA DEPARTMENT OF STATE Division of Corporations

2021 JUN 17 AM 11: 44

May 20, 2021

THOMAS COBB 17081 STARFISH LN W SUGARLOAF KEY, FL 33042

SUBJECT: SOUTH FLORIDA SPECIALIST LLC

Ref. Number: L19000161345

We have received your document for SOUTH FLORIDA SPECIALIST LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00010676

Octavia L Simmons
Regulatory Specialist II Supervisor

COVER LETTER

ı - ,

	Registration Section Division of Corporations			
SUBJEC	CT: South Florida	Specialist UC 1 Liability Company)		
	(Name of Limited	d Liability Company)		
The encl	osed Articles of Dissolution and fee(s) are submitte	d for filing.		
Please re	turn all correspondence concerning this matter to the	ne following:		
	Thomas	Celbb cof Person)		
South Florida Specialis) UC (Firm/Company)				
	17081 Starfish In W (Address)			
Sug-closed Key Fl 33042 (City/State/and Zip Code)				
For further information concerning this matter, please call:				
	Montes Colo (Name of Person)	at (365) 900 7-110 (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

	2021 JUP 17 AHII: 18
1. The name of a limited liability company is	
South Florida Specialist	· · · · · · · · · · · · · · · · · · ·
2. The Articles of Organization were filed on <u>(e 19 2014</u>	and assigned
document number <u>L 1900161345</u>	
3. The delayed effective date the dissolution if not effective on the date (effective date cannot be prior to or more than 90 days late Note: If the date inserted in this block does not meet the applicable statulisted as the document's effective date on the Department of State's record	tory filing requirements, this date will not be
4. A description of occurrence that resulted in the limited liability con 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	npany's dissolution pursuant to section
- (tree state)	
· · · · · · · · · · · · · · · · · · ·	
	
 If there are no members, enter the name and address of the person a activities and affairs: 	appointed to wind up the company's
	.
6. Signature of an authorized person or if there are no members, the sinbove to wind up the company's activities and affairs:	gnature of the person appointed and liste
	homacus (deb
Signature	Printed Name

FILING FEE: \$25.00