

L19 000 250 385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

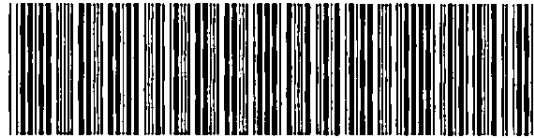
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stephanie's Berries 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:

Stephanie Hecker
(Name of Person)

Stephanie's Berries LLC
(Firm/Company)

3462 Scrub Jay Ct
(Address)

Mims, FL 32759
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Hecker at (321) 368-5540
(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

Stephanie's Berries LLC

2. The Articles of Organization were filed on 10-4-19 and assigned

document number L19000250385

3. The delayed effective date the dissolution if not effective on the date of filing: ~~2-1-22~~ 2-1-22
(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 making money. Need to quit to take care of
special needs kid.

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

3462 Scrub Jay Ct

Mims, FL 32754

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

Stephanie Wecker
Printed Name

FILING FEE: \$25.00