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COVER LETTER

_	tration Section ion of Corporatio	ns			
SUBJECT: _	PLANT	INTERIOR (Name	-S OF SOUTH FUCKIDA of Limited Liability Company)		
The enclosed A	Articles of Dissol	ution and fee(s) are	e submitted for filing.		
Please return a	Il correspondence	e concerning this m	natter to the following:		
			•		
		STEPHEN	SCOTT SHERRY		
			Scott Sterry (Name of Person)		
			(Firm/Company)		
			(rim/Company)		
			(Address)		
			(City/State and Zip Code)		
For further info	ormation concern	ing this matter, ple	ase call:		
	STEPHEN S.	SHERRY	at (561) 566 - 4442 (Area Code & Daytime Telephone Number)		:
	(Nam	e of Person)	(Area Code & Daytime Telephone Number)	20	
EMAIL	L: SCOTTISH	ECRY89 cogn	rail ean	20 🖽	净其
Enclosed is a che	eck for the followir	ng amount:			-35-
ī ⊠ \$25.00	Filing Fee and Ce	rtificate of Dissolutio	on \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	I : II KV 0	CHORNERS TA
<u>Mai</u> lii	ng Address:		Street Address:	<u>~</u> 9	<u> </u>
Registration Section			Registration Section		::
	sion of Corpora	ations	Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					
ıalla	nassee, FL 32.	J14	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				
	PLANT INTERIORS OF SOUTH FLORIDA				
2.	The Articles of Organization were filed on MARLH 03, 2020 and assigned				
	document number <u>L 200000 70985</u>				
3.	The delayed effective date the dissolution if not effective on the date of filing: (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).				
	DO NOT NEED ANY LONGER COVID-17.				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs: STEPHEN S. SHERKY				
	720 S. SAPODILLA AVE. #507				
	WEST PARM BEACH FL 33401				
6. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:				
	Signature Signature Printed Name				
	FILING FEE: \$25.00				