## L200000094623

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>; #</del> )
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
L		





200358161622

01/19/21--01019--014 \*\*25.00

S TALLENT MAR OF 221

771JE 19 KH 9: 16

## COVERLETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Shark Steel	Welding LLC		
(Name of Limited	(Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted	d for tiling		
The enclosed whereast Plassification and rectar are administra	· · · · · · · · · · · · · · · · · · ·		
Please return all correspondence concerning this matter to th	e following:		
Verbnica Mal	of Person		
Shark Steel Welding Lic			
1826 Dublin Ciccle			
moore Haven (City/State	Florida, 33471 and Zip Code)		
For further information concerning this matter, please call:			
Vernica Malagon (Name of Person)	at (954) 3316-51642 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
S25.00 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
1 44 1 1 44 1 1 4 4 4 4 4 4 4 4 4 4 4 4			

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Shark Steel Welding, LC	<del></del> •
2. The Articles of Organization were filed on Piper 1, 2020 and assigned	
document number <u>1.2000094623</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: O = 10 = 2 (effective date cannot be prior to or more than 90 days later than date document is received to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this defisted as the document's effective date on the Department of State's records.	021 for filing) ate will not be
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	to section
Due to Covid-19. I haven't been at	<b>\</b>
To get Jobs to work on since 15	<u> </u>
and only Job Ended on 04-26-2021.	
5. If there are no members, enter the name and address of the person appointed to wind up the con activities and affairs: Veconica Malagon	npany's
1826 Dublin Circle	<u>.</u>
moore Haven FI,	16
33471	
6. Signature of an authorized person or if there are no members, the signature of the person appoir above to wind up the company's activities and affairs:	nted and listed
Jeronica Malagon Veronica Ma Printed Name	lagon

FILING FEE: \$25.00