

W20 000 105 782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

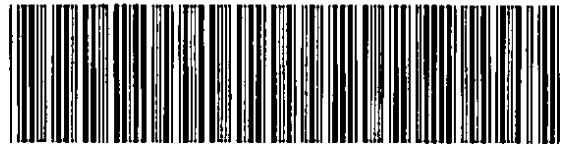
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700386451757

05/06/22--01026--015 **55.00

FILED
2022 MAY -6 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2022
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Susie Bill, 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:

Susan Bill
(Name of Person)

Susie Bill, LLC
(Firm/Company)

430 Via Veneto
(Address)

Venice, FL 34285
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Bill at (615) 427-3642
(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**

FILED
2022 MAY -6 PM 3:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Susie Bill, LLC

2. The Articles of Organization were filed on 04/17/2020 and assigned
document number L 20000105782

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).

my decision to no longer contract
to work, but work as an employee
instead.

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

Susan Bill
430 Via Veneto
Venice, FL 34285

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:

Susan C. Bill
Signature

Susan E. Bill
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Susie Bill, LLC

Document number of Limited Liability Company is: L20000105782

Date of dissolution was: _____

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -6 PM 3:33

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Susan E. Bill

Printed Name of the Person Filing

Susan E. Bill

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00