

VCA

# L20 000 226 642

\_\_\_\_\_  
(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



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FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSHINE WASTE MANAGEMENT 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:

MARLA COPELAND ESTY

\_\_\_\_\_  
(Name of Person)

ADVANCED BUSINESS CONNECTIONS LLC

\_\_\_\_\_  
(Firm/Company)

18467 NW US HIGHWAY 441, SUITE 70

\_\_\_\_\_  
(Address)

HIGH SPRINGS, FL 32643

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARLA COPELAND ESTY

\_\_\_\_\_  
(Name of Person)

386

454-8959

at (\_\_\_\_\_) \_\_\_\_\_

(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

## 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: SUNSHINE WASTE MANAGEMENT LLC

Document number of Limited Liability Company is: L20000226642

Date of dissolution was: 12/17/2024

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

WRITTEN DESCRIPTION OF WHAT CLAIM IS FOR AND WHEN IT WAS FOR. ALL DOCUMENTS

ASSOCIATED WITH TRANSACTION.

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

SUSAN MCKNIGHT

1027 NE 424TH AVE. OLD TOWN, FL 32680

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 McKnight

Printed Name of the Person Filing

Susan McKnight

Signature of the Person Filing

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
SUNSHINE WASTE MANAGEMENT LLC
2. The Articles of Organization were filed on 07/29/2020 and assigned  
document number L20000226642
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).  
BUSINESS CLOSED  
BUSINESS CLOSED  
BUSINESS CLOSED
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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 McKnight  
Signature

Susan McKnight  
Printed Name

**FILING FEE: \$25.00**