| 30-Dec~2 324 16:49 To: +18506176383 | Fr | om: +1813544 | 12006 | p.1 |
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| 12/30/24. 11:36 AND Dubion of Corport Florida IDepartment of S Division of Corport Division of Corport Electronic Filing Coversine | State 3 | Number 5 | : (850)617 | -6383 |
| Note: Please print this page and use it as a cover sheet (shown below) on the top and bottom of all page | | | er | |
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| H240004255183ABC+ Note: DO NOT hit the REFRESH/RELOAD button on ye Doing so will generate another cover | | from this pag | с. | |
| To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : BRICK BUSINESS LAW, P.A Account Number : I20230000178 Phone : (813)816-1816 Fax Number : (813)692-1982 | | TALL MUSS | MAL DEC 30 P | FILE |
| Certificate of Status | 0 0 | | PH 5: 00 | |
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 2 2025

Fax Number : (850)617-6383

COVER LETTER

TO: Registration Section Division of Corporations

GREEN SUNRISE 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:

Danielle Peynado

(Name of Person)

Brick Business Law, P.A.

(Firm Company)

3413 W Fletcher Ave

(Address)

Tampa, Florida 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

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

Fax Number : (850)617-6383

Doc ID: 508a867aa591589d98fee9bb4e77c3528f575681

Fax Number : (850)617-6383

| ARTICLES OF DISSOLUTION | | | | | |
|-------------------------|--|---|--|--|--|
| | A LIMITED LIABILITY COMPANY | | | | |
| ١. | FOR A LIMITED LIABILITY COMPANY The name of a limited liability company is GREEN SUNRISE LLC The Articles of Organization were filed on |) | | | |
| 2. | The Articles of Organization were filed on $\frac{04/06/2021}{9}$ and assigned | | | | |
| | document number L21000160354 | | | | |
| 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 tiling) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory tiling 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). | | | | |
| | Upon the occurrence of an event described in S.605.07.01(2). The Consent of all Members. | | | | |
| | Upon the occurrence of an event described in S.605.07.01(2). The Consent of all Members. | | | | |
| | Upon the occurrence of an event described in S.605.07.01(2). The Consent of all Members. | | | | |
| 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. at | Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs: | | | | |
| | Store Genc Rose - Partner | | | | |

Signature

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 fiability 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: | |
|--|---------|
| Document number of Limited Liability Company is: | |
| Date of dissolution was: | |
| Description of information that must be included in a written claim: | T. S. E |
| Date of Event, Name of Parties, Amount of Claim, Description of Claim, Contact Telephone Number, | 5. |
| Email Address, and Mailing Address. All Supporting Documents for the Claim. | 60 |
| | · |
| | |
| | |

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

| c/o Gene Rose | | |
|--------------------|------|--|
| 2140 HWY 127 North | | |
| Owenton, KY 40359 | | |
| | | |

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.

Gene Rose - Partner

Printed Name of the Person Filing

J.S. Core

Signature of the Person Filing

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