

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.
Account Number : 120090000078
Phone : (561)801-7312
Fax Number : (561)515-3904

LLC DISSOLUTION OR WITHDRAWAL
STBALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
2022 JAN -4 AM 11:10
FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JAN -4 PM 1:04

Electronic Filing Menu

Corporate Filing Menu

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4210004192683
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STBALS 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:

PAUL A. KRASKER, ESQ.

(Name of Person)

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

(Firm/Company)

1615 FORUM PLACE, 5TH FLOOR

(Address)

WEST PALM BEACH, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREA MURPHY SNOWDEN

(Name of Person)

at (561) 515-4722
(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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
STBALS LLC

2. The Articles of Organization were filed on MAY 18, 2021 and assigned
document number 1.21000225653

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).

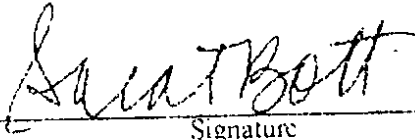
ALL ASSETS OF THE COMPANY HAVE BEEN DISTRIBUTED TO THE SOLE MEMBER

ALL ASSETS OF THE COMPANY HAVE BEEN DISTRIBUTED TO THE SOLE MEMBER

ALL ASSETS OF THE COMPANY HAVE BEEN DISTRIBUTED TO THE SOLE MEMBER

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:



Signature

SARA T. BOTT

Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA

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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: STBALS LLC

Document number of Limited Liability Company is: L21000225653

Date of dissolution was: Nov 12, 2021

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

NAME, ADDRESS, TELEPHONE NUMBER, NATURE OF CLAIM AND AMOUNT OF CLAIM

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

12105 SURREY LANE

NORTH PALM BEACH, FL 33408

CLERK OF STATE
TALLAHASSEE, FLORIDA

2022 JAN - 4 AM 11:10

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.

SARA T. BOTT

Printed Name of the Person Filing

Sara T Bott

Signature of the Person Filing

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