

121 000347788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

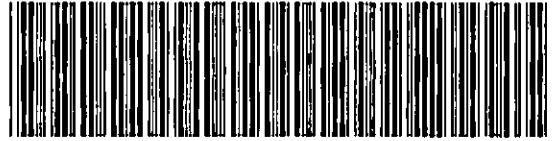
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700386455487

04/25/22--01014--026 **25.00

FILED
2022 APR 25 AM 11:00
FBI - JLD

ef 6/19/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All of A Sutton Extreme Cleaning Service 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:

Donnella Barker

(Name of Person)

All Of A Sutton Extreme Cleaning Service LLC

(Firm/Company)

3613 Lansdell Dr

(Address)

Jacksonville, Florida 32208

(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Sutton

(Name of Person)

323

253-9603

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

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

2022 APR 25 AM 11:00

1. The name of a limited liability company is
All Of A Sutton Extreme Cleaning Service LLC

2. The Articles of Organization were filed on 08/02/2021 and assigned
document number L21000347788

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).

Unable to startt the business at this time due to illness in the Family

Unable to startt the business at this time due to illness in the Family

Unable to startt the business at this time due to illness in the Family

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

3163 LANSDELL DR

JACKSONVILLE, FLORIDA 32208

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:

Donnella Barker
Signature

Donnella Barker

Printed Name

FILING FEE: \$25.00