## 2000:120

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP W	VAIT MAIL
(Business E	ntity Name)
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Off	icer:

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## **COVER LETTER**

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TO:		ration Section on of Corporations			
SUBJE	200	UNSHINE FLOWER CART LLC			
SUBJECT:(Name of Limited Liability Company)					
The en	closed A	rticles of Dissolution and fee(s) are submitt	ed for filing.		
Please	return all	correspondence concerning this matter to	the following:		
		Claudette Hollenback			
		(Nam	ne of Person)		
		(Firm	n/Company)		
	13402 Copperhead Drive				
		(4	Address)		
		Riverview, FL 33569			
		(City/Star	te and Zip Code)		
For fur	ther info	rmation concerning this matter, please call:			
	Claudette Hollenback		at ()		
		(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	d is a che	ck for the following amount:			
į	<b>≘</b> \$25.00	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
		ng Address:	Street Address:		
	Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability			<u></u> .	
2.	The Articles of Organization	were filed on $\frac{08}{}$	/30/2021	and assigned	
	document number L2100038	9892			
3.		iste cannot be prior to is block does not m	or more than 90 days later that neet the applicable statutory	filing: N/A  n date document is received for filing) filing requirements, this date will not be	
4.	A description of occurrence (605.0707, Florida Statutes, (c	hat resulted in the opy 605.0707 on	e limited liability company back cover letter).	y's dissolution pursuant to section	
	Market growth has slowed signi	ficantly, and it is u	nprofitable to continue opera	ating the LLC	
				. 22	
				SECULIA SECULI	Ì
5.	If there are no members, ento activities and affairs:		ddress of the person appoinance, 13402 Copperhead Dri	ve, Riverview, FL 33569	T
				2: 50 2: 50	_
6. ab	Signature of an authorized pove to wind up the company:	erson or if there as activities and af	re no members, the signat fairs:	ure of the person appointed and liste	d
	CHO	llewback	Claudette Hollenba	ack	
Signature		P	rinted Name		

**FILING FEE: \$25.00** 

## Notice of Limited Liability Company Dissolution

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 Lia	bility Company:
Document number of	Limited Liability Company is: L21000389892
	3/1/2023 vas:
Description of inform	nation that must be included in a written claim:
Name of Claimant; add	dress, telephone and email of claimant; description of claim, value and date of loss
Mailing address whe	re claims can be sent: (Claims cannot be sent to the Division of Corporations)
1340	2 Copperhead Drive
Rive	rview, FL 33560
	bove named limited liability company will be barred unless a proceeding to enforce the claim is years after the filing of this notice.
Claudette Hollenback	( Hollew Fach
Pri	nted Name of the Person Filing  Signature of the Person Filing

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