

621000400706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

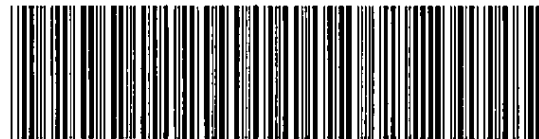
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/18/24--01026--021 \*\*52.50

03/18/24

R. HUNT

03/18/24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Max and Sierra LLC. Document No. L21000400706  
\_\_\_\_\_  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Maxwell York

\_\_\_\_\_  
(Contact Person)

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

1750 34th Ave N

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

Saint Petersburg, FL, 33713

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

For further information concerning this matter, please call:

Maxwell York

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

at ( 850 ) 712-9579

\_\_\_\_\_  
(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**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**

1. The name of a limited liability company is

MAX 8 SIERRA LLC

2. The Articles of Organization were filed on 9 SEP 2021 and assigned

document number L2100040706

3. The delayed effective date the dissolution if not effective on the date of filing: 1 APR 2024  
(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.

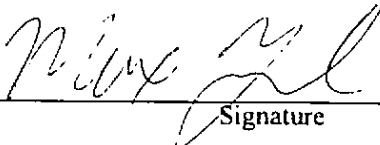
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

MAXWELL YORK  
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 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: MAX & SIERRA LLC

Document number of Limited Liability Company is: L21000400706

Date of dissolution was: 1 APR 2024

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

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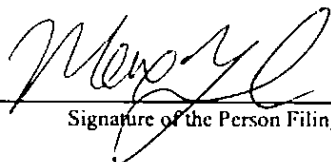
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MAXWELL YORK  
5200 LOT 188 28TH ST N  
FL 33714

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.

MAXWELL YORK  
Printed Name of the Person Filing

  
Signature of the Person Filing

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