

L21000444203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

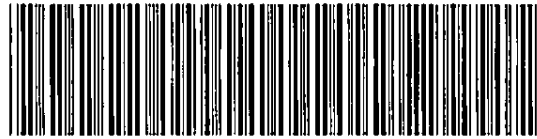
(Business Entity Name)

(Document Number)

3 Copies _____ Certificates of Status _____

at Instructions to Filing Officer.

Office Use Only



000398469020

FILED

2023 JAN 17 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2023 JAN 17 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/17/2023

Acc#I20160000072

en: L DW

Name:	Sigma Shipping Container & Logistics, LLC
Document #:	
Order #:	14731241

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2023 JAN 17 AM 11:51

TALLAHASSEE, FL

1. The name of a limited liability company is
SIGMA SHIPPING CONTAINER & LOGISTICS, LLC

2. The Articles of Organization were filed on 10/01/2021 and assigned
document number L21000444203

3. The delayed effective date the dissolution is 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).

Consents of all the 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. 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:

Andrew Castro
dotloop verified
1/13/2023 3:09 PM EST
COSS-ER11-WQ1R ADR

Signature

Andrew Castro

Printed Name

FILING FEE: \$25.00