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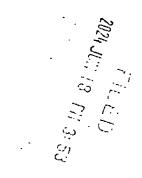
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: J. HORNE JUN 27 2024

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06/18/24--01027--019 **25.00



COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	SOUTHERN PINE DECOR, LLC.				
SOBJECT	(Name of Limi	ted Liability Compa	uny)		
The enclosed	Articles of Dissolution and fee(s) are submi	tted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Lacey Nell				
	(Na	me of Person)			
	SOUTHERN PINE DECOR, LLC.				
	(Fil	rn/Company)	·		
	55025 Countree Life Way				
	·	(Address)			
	Callahan, Fl. 32011				
	(City/St	ate and Zip Code)			
For further in	formation concerning this matter, please call	l:			
Lace	ey Nell	904	6994724		
	(Name of Person)	at (at Co	ode & Daytime Telephone Number)		
Enclosed is a cl	heck 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) 			
	ing Address:	Street Address			
	istration Section ision of Corporations	Registration Division of 0	Section Corporations		
	. Box 6327		of Tallahassee		
Tall	ahassee, FL 32314	2415 N. Moi Tallahassee,	nroe Street, Suite 810 FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	FOR A LIMITED LIABILITY CON	IPANY STATE OF THE
The name of a limited lia SOUTHERN PINE DECO	• • •	ION ZOZI
The Articles of Organiza	tion were filed on 11/16/21	and assigned
document number L2100	0493171	
Note: If the date inserted	e the dissolution if not effective on the d live date cannot be prior to or more than 90 days I in this block does not meet the applicable sta Tective date on the Department of State's rec	tutory filing requirements, this date will not b
. A description of occurred 605.0707, Florida Statute closed business	nce that resulted in the limited liability cost, (copy 605,0707 on back cover letter).	ompany's dissolution pursuant to section
If there are no members, activities and affairs:	enter the name and address of the person Lacey Nell	appointed to wind up the company's
	55025 Countree Life Way	
	Callahan, FL 32011	
Signature of an authorize cove to wind up the compa	d person or if there are no members, the ny's activities and affairs:	signature of the person appointed and list
	MA NA	
Signature	Lacey M. No	ell Printed Name

FILING FEE: \$25.00