

122 000 209250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

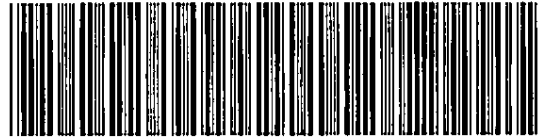
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300399105643

01/03/23--01016--027 **25.00

FILED
2023-01-03 AM 10:45
CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steel Magnolia Legacy, 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:

Michelle Sporn

(Name of Person)

(Firm/Company)

2906 130th Ave. E

(Address)

Parrish, FL 34219

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Sporn

(Name of Person)

941

224-3674

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**

FILED
2023 JUN -3 AM 10:45
CLERK OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
Steel Magnolia Legacy, LLC

2. The Articles of Organization were filed on 5/3/2022 and assigned
document number L22000209250

3. The delayed effective date the dissolution if not effective on the date of filing: 12/30/2022
(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).
Opted not to start or proceed with business.

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

2906 130th Ave. E

Parrish, FL 34219

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

Michelle T. Sporn
Printed Name

FILING FEE: \$25.00