

L2200003462CC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

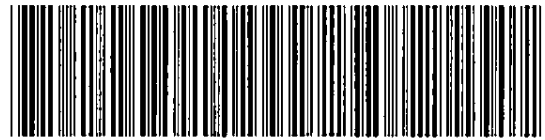
(Document Number)

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2024 APR -1 AM 11:54

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunshine Farms of Fort Ogden, 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:

Karrie Hudson  
(Name of Person)

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

611 County Road 411  
(Address)

Carbon, TX 76435  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karrie Hudson at ( 803 ) 244-3150  
(Name of Person) (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**

1. The name of a limited liability company is

Sunshine Farms of Fort Ogden, LLC

2. The Articles of Organization were filed on 08/05/2022 and assigned

document number L22000346200

3. The delayed effective date the dissolution if 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).

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

Aaron Hudson

Karrie Hudson

Bryan McClellan

Katie McClellan

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:

Karrie Hudson  
Signature

Karrie Hudson  
Printed Name

**FILING FEE: \$25.00**