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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

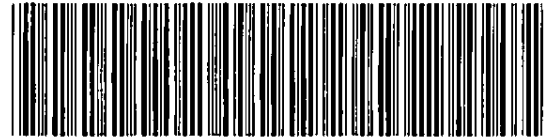
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/14/24--01017--019 **25.00

FILED
2024 MAR 15 PM 4:42
Clerk of Court

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SDA IRRIGATION

(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:

SHAWN SHERIDAN

(Name of Person)

(Firm/Company)

11247 SAN JOSE BLVD APT #511

(Address)

JACKSONVILLE, FL 32223

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

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

1. The name of a limited liability company is
SDS IRRIGATION, LLC

2. The Articles of Organization were filed on FEB 2023 and assigned
document number L23000130547

3. The delayed effective date the dissolution if not effective on the date of filing: NOV 2023
(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).
ILLNESS OF OWNER. BUSINESS NEVER CONDUCTED ANY BUSINESS.

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

11247 SAN JOSE BLVD APT #511

JACKSONVILLE, FL 32223

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

SHAWN SHERIDAN

Printed Name

FILING FEE: \$25.00