## 623000149313

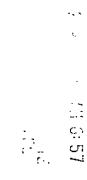
(Requestor's Name)				
(Address)				
(Address)				
(1881633)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Codifical Conins Codificator of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
<u> </u>				

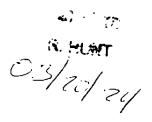
Office Use Only



400425687394

03/20/24-+01001-+012 \*\*25.00





## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	pility company is			
Superior Sur	eer of Floris	do LLC		
2. The Articles of Organizati	on were filed on4	1-17-2033	and assigned	
document number _ L	23000/49	<u> </u>		
3. The delayed effective date (effection Note: If the date inserted in listed as the document's effective date.  Output  Description:	n this block does not meet th	he applicable statutory fi	iling: 13 - 24 - 3 date document is received f ling requirements, this da	or tiling) ate will not be
4. A description of occurrence 605.0707, Florida Statutes	. (copy 605.0707 on back	cover letter).		
Business	CONTRACT	dia Not	M+ crps Lize	<del></del>
	_			
<del></del> -				
			<del></del>	<u>_</u>
<del></del> _			<u> </u>	
5. If there are no members, cativities and affairs:	enter the name and addres	s of the person appoin	ted to wind up the com	npany's
				•
			٠.	:- Č
		_	11.	-5:
6. Signature of an authorized above to wind up the compar	person or if there are no by's activities and affairs:	members, the signatu	re of the person appoin	ted and listed
Dayle Valu	h_	Doug h	KOKOLAK inted Name	
Signature		J Pr	inted Name	

FILING FEE: \$25.00

## **COVER LETTER**

	ration Section on of Corporations	
SUBJECT: _	Superior Screw DI	EFLOCIDA LLC  d Liability Company)
	rticles of Dissolution and fee(s) are submitted to the correspondence concerning this matter than the correspondence concerning the correspondence correspondence concernin	ne following:
		/Company)
	WATWILK New City/State	10(K 10990 and Zip Code)
For further info	rmation concerning this matter, please call:	
Do	(Name of Person)	at ( 561 ) 531-46.22 (Area Code & Daytime Telephone Number)
	rck for the following amount: Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	ng Address: stration Section don of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303