

L240000028424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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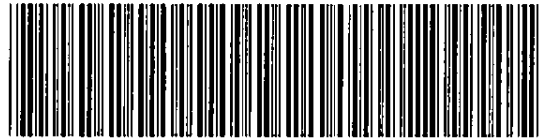
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSHINE68 SOLUTIONS LLC  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NANCY GONZALEZ  
Contact Person

SUNSHINE68 SOLUTIONS LLC  
Firm/Company

2638 NW 104 AVE APT 307  
Address

SUNRISE, FL 33322  
City, State and Zip Code

sylvianancy72@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>NANCY GONZALEZ</u>	at ( <u>954</u> )	<u>607-0206</u>
Name of Contact Person	Area Code	Daytime Telephone Number

**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

FILED  
Jan 25, 2024  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

SUNSHINE68 SOLUTIONS LLC

The document number of the limited liability company: L24000028424

The file date of the articles of organization: January 16, 2024

The effective date of the dissolution if not effective on the date of filing: January 25, 2024

A description of occurrence that resulted in the limited liability company's dissolution:

MEMBERS OF THE COMPANY CAN NOT AGREE ON ANYTHING.

The name and address of the person appointed to wind up the company's activities and affairs:

NANCY GONZALEZ  
2638 NW 104TH AVE, APT 307  
SUNRISE, FL 33322-630

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: NANCY GONZALEZ

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Electronic Signature of authorized person