

# LOG 000023990

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

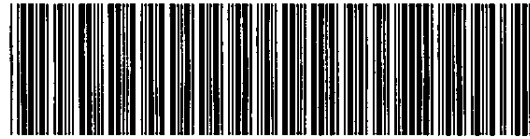
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/15/14--01027--002 \*\*25.00

2014 OCT 15 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5 SENSES 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:

MARIO FRATI  
(Name of Person)  
5 SENSES LLC  
(Firm/Company)  
7301 NW 36TH COURT  
(Address)  
MIAMI, FL 33147  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JARED L. GAMBERG, ESQ. at ( 954 ) 981-4411  
(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

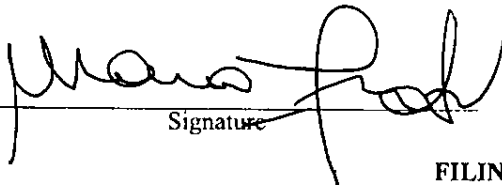
**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
5 SENSES LLC
2. The Articles of Organization were filed on 03/06/2006 and assigned  
document number L06000023990
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)
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).  
The consent of all members to the dissolution.

5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs: MARIO FRATI, Manager  
7301 NW 36th Court  
Miami, FL 33147

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

MARIO FRATI  
Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
FALL WASH STATE DIVISION

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**Notice of Limited Liability Company Dissolution**

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: 5 SENSES LLC

Document number of Limited Liability Company is: L06000023990

Date of dissolution was: 10/14/2014

Description of information that must be included in a written claim:

Any invoice, statement of account, proof of delivery, note or other document showing  
the claim

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2014 OCT 15 AM 10:53

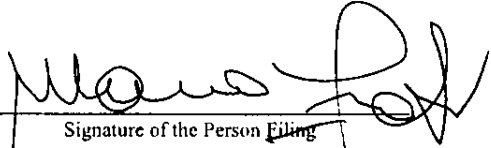
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MARIO FRATI  
7301 NW 36TH COURT  
MIAMI, FL 33147

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MARIO FRATI  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**