

L06000084335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

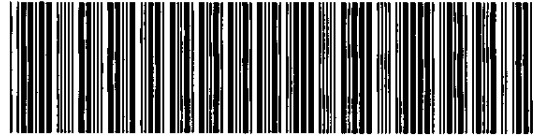
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300255551343

01/21/14--01020--002 **25.00

FILED
2014 JAN 21 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 23 2013

C. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 Girls Food Emporium, 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:

Jennifer Pasa
(Name of Person)

(Firm/Company)

104 Victorian Lane
(Address)

Jupiter, FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Pasa at 561 310-4895
(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
2 Girls Food Emporium, LLC

2. The Articles of Organization were filed on 8/25/2006 and assigned
document number L06000084335

3. The delayed effective date the dissolution if not effective on the date of filing: immediately

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).
I was hospitalized for 4 months with acute pancreatitis, and thus unable to keep
the restaurant open. It has not been in operation since December of 2009.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Jennifer Pasa
104 Victorian Lane
Jupiter, FL 33458

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

Printed Name

Jennif Pasa

Jennifer Pasa

FILING FEE: \$25.00

FILED
2014 JAN 21 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA