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SECRETARY OF STATE

FILED

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

B&G SWEET HOME, 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:

EMANUELLE OLIVEIRA

(Name of Person)

CSG CAPITAL SERVICES GROUP INC

(Firm/Company)

446 W HILLSBORO BLVD

(Address)

DEERFIELD BEACH, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

EMANUELLE OLIVEIRA

954

127.4770

(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 B & G SWEET HOME, LLC							
	B & G OWELT HOME, BEG					·		
2.	The Articles of Organization	on were filed on $\frac{03/12/20}{}$	13	and assigned	l			
	document number L130000	37247	_					
3.	Note: If the date inserted in	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) 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.						
ŀ.	A description of occurrenc 605.0707, Florida Statutes, BUSINESS NOT OPERATIN	(copy 605.0707 on back	ted liability company's dis cover letter).	solution purs	uant to	section		
					 .			
					SE SK	2018		
5.	If there are no members, er	nter the name and address	s of the person appointed to	o wind up the	opripa S	ny's		
	activities and affairs:	VANDERLEI M PINTO	,		<u>m.:</u>	P.		
		13740 ROANOKE ST			문장	1:0		
		DAVIE, FL 33325			*			
is	Signature of an authorized ted above to wind up the co	person or if there are no mpany's activities and at	members, the signature of ffairs:	the person ap	pointed	l and		
	Mann		VANDERLEI MAXIMIN	O PINTO				
_	Signature		Printed	Name				
		FILING I	FEE: \$25.00					