L19000165103

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: LTONEL ASTAN CULSINE LLC.		
(Name of Limited	Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submittee	1 for filing.	
	-	
Please return all correspondence concerning this matter to the	e tollowing:	
LTONEL LUCY		
(Name of Person)		
In let Acta	1 Committee 110	
LIONEL ASTAN CUISTNE LLC (Firm Company)		
11189 MONTE CARLO BLUD		
(Ac	ddress)	
Day 1771 Sport 155	E1 2412,"	
BONITA SPRINGS FL 3413) (City/State and Zip Code)		
For further information concerning this matter, please call:		
LIONEL LUU	at(<u>~239</u>) 319-7898	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
Tuttura. 12 3 2 3 1 1	Tallahassee, FL 32303	

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
LIONEL ASTAN CUISTNE LLC	<u> </u>
2. The Articles of Organization were filed on <u>June ペケ, よいす</u> and assi	95 2
document number <u>19000165163</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: Tele (effective date cannot be prior to or more than 90 days later than date document) is Note: If the date inserted in this block does not meet the applicable statutory filing requirement listed as the document's effective date on the Department of State's records.	received for filing)
 A description of occurrence that resulted in the limited liability company's dissolution 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). 	pursuant to section
LIONEL ASTAN CUIDING MUST CEASE IT'S OPERATION	DUC
To THE ONGOING COVID PANDENTS WHICH HAS FORCED	us
TO TERMINATE THE BUINCES ALLOUNT	
	
5. If there are no members, enter the name and address of the person appointed to wind up	
activities and affairs: LTONEL LOU	
11189 MONIT CARW BLUD	
BONITA SPRINGS, FL 34135	
6. Signature of an authorized person or if there are no members, the signature of the perso above to wind up the company's activities and affairs;	n appointed and listed
Signature Loue Loue Printed Name	

FILING FEE: \$25.00

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of LIONEL ASIAN CUISINE LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on June 24, 2019 effective June 19, 2019, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L19000165103.

Authentication Code: 190706132126-400331208054#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixth day of July, 2019



Laurel M. Lee Secretary of State