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(Rec	questor's Name)	
(Add	dress)	
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(Add	dress)	
(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	-
Certified Copies	Certificates	of Status
Special Instructions to f	-iling Officer:	





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DEC 2.2 2027 3. PRATHIC

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SUNNY EATS LLC (Name of Limited	l Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted. Please return all correspondence concerning this matter to the	•	
David Shimunov (Name of Person)		
SUNNY EATS LLC (Firm/Company)		
	ne Blvd. Suite 420 ddress)	
Aventura (City/State	, FL 33160 and Zip Code)	
For further information concerning this matter, please call:	0.5 0.5 0.01	
(Name of Person)	at (917) 922 - 1004 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is		
	SUNNY EATS LLC		
<u>2</u> .	The Articles of Organization were filed on $03 01 2022$ and assigned		
	document number <u>L22000105181</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing: 02/28/28 (effective date cannot be prior to or more than 90 days later than date document is referved 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.		
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).		
	No longer desires to have the company.		
	No longer pursuing this business.		
5	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: David Shumuro		
	activities and affairs: <u>David Shimuno</u>		
	147-12 69TH AVE		
	Fresh Meadows, NY 11365		
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
•			
	David Shimunov Signature Printed Name		
	SOURTHUE THREE NAME		

FILING FEE: \$25.00