(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Oity/Otate)Zipi/ None #y					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
J DEMIJS					
AUG - 9 2023					

Office Use Only



500410692175

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	NEWPORT CATERING LLC					
50176		ed Liability Company)				
	return all correspondence concerning this matter to t	-				
	MANUEL JIMENEZ					
	(Nam	e of Person)				
	NEWPORT CATERING LLC					
	(Firm/Company)					
	1407W NEWPORT CENTER DR					
	(A	\ddress)				
	DEERFIELD BEACH, FL 33442					
	(City/State	e and Zip Code)				
For fur	ther information concerning this matter, please call:					
	MANUEL JIMENEZ	954 822-2416 at ( )				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	ed 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:	Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		OF DISSOLUTION	N	£s.
		FOR ABILITY COMPA	NY	100
The name of a limited lia     NEWPORT CATERING I				The Carlo
				Pr
2. The Articles of Organiza			and assigned	
document number 1.2200	0144792			
	in this block does not mee	r more than 90 days later et the applicable statuto	than date document is received ry filing requirements, this	
4. A description of occurrer 605.0707, Florida Statute	nce that resulted in the li s, (copy 605.0707 on ba	imited liability comp ick cover letter).	any's dissolution pursua	nt to section
CATERING COMPANY W				
. If there are no members, activities and affairs:	enter the name and addr	ress of the person app	pointed to wind up the co	mpany`s
<ol> <li>Signature of an authorize above to wind up the compa</li> </ol>	d person or if there are a ny's activities and affair	no members, the sign	nature of the person appo	inted and listed
JANUEL TIMER	XZ	MANUELJIME		·
1 Signature			Printed Name	

**FILING FEE: \$25.00**