

L02000002594/5

\_\_\_\_\_  
(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



700257175167

03/03/14--01003--015 \*\*25.00

FILED  
14 MAR - 3 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 5 2014  
T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRUS, 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:

RUSSELL EICHENGREEN

(Name of Person)

CRUS, LLC dba: Mrs fields Cookies

(Firm/Company)

3458 NW FEDERAL HWY

(Address)

JENSEN BEACH, FL 34957

(City/State and Zip Code)

For further information concerning this matter, please call:

RUSS EICHENGREEN at 561 3154257

(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**

**FILED**  
14 MAR -3 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

CRUS, LLC.

2. The Articles of Organization were filed on 10/02/2002 and assigned  
document number L02000025945

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

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).

LOSS OF LEASE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

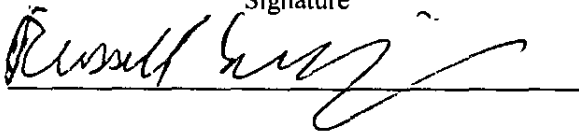
RUSSELL EICHENGREEN

13757 79TH CT N

WEST PALM BEACH, FL 33412  
\_\_\_\_\_

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

RUSSELL EICHENGREEN

**FILING FEE: \$25.00**