

(Re	equestor's Name)
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filling Officer:	
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	Office Use Or	ily Mist



04/29/04--01039--014 **35.00



TRANSMITTAL LETTER

Division of Corporations SUBJECT: Dissolution of Bene's Ice Cream, L.L.C. DOCUMENT NUMBER: L03000020917 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan Saglibene (Name of Person) 502 S. Riverside Dr., (Address) New Smyrna Beach, Fl. 32168 (City/State/and Zip Code) For further information concerning this matter, please call: Susan Saglibene 423-9086 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

2 \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee,

TO: Amendment Section

Certificate of Status Certified Copy

(Additional copy is

enclosed)

Certificate of Status &

Certified Copy (Additional copy is

enclosed)

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 5, 2004

SUSAN SAGLIBENE 502 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168

SUBJECT: BENE'S ICE CREAM, L.L.C.

Ref. Number: L03000020917

We have received your document for BENE'S ICE CREAM, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

OLJUN -2 AMIO:

ARTICLES OF DISSOLUTION • FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	Beves	Fet Ca	CAM L.L	C
		<u> </u>	<u> </u>	<u> </u>
2. The effective date of the limited liability company	's dissolution is	Apr.L	27,20	n
3. A description of the occurrence that resulted in the Osection 608.441, Florida Statutes, (copy of 608.441).			ssolution pursua	ant to
Did Not Commowe has	ness. B	WNESS.14	des lones	90£
To be Ended. WIII	NOT HE	RSUE BOO	10 Basia	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u>₹300 %1.</u>	
	<u></u>	·		<u> </u>
 4. CHECK ONE: All debts, obligations and liabilities of the limited OR-OR-Adequate provision has been made for the debts, 5. All remaining property and assets have been districted respective rights and interests. 6. CHECK-ONE: There are no suits pending against the company in OR-OR-Adequate provision has been made for the satisfact be entered against it in any pending suit. Signatures of the members having the same percental dissolution: 	obligations and ibuted among it any court.	liabilities pursua s members in acc	ant to ALLIANNY U. while: 20 co ALLIANNY U. while: 20 decree ORIC	heir
Signature alike	Typed or Printe	d name (Solocies)	WP	
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Filing Fee: \$25.00