#203000041497

| (Req | uestor's Name) | |
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| (Add | ress) | |
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| (Add | ress) | |
| | | |
| (City | /State/Zip/Phone | : #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bus | iness Entity Nan | ne) |
| | | |
| (Doc | ument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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01/10/14--01010--008 **25.00

SECRETARY OF STATE

K.SALY EXAMINER JAN 142014

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Mr Chocolate Fountain 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:

Gerald Kane

(Name of Person)

Mr Chocolate Fountain LLC

(Firm/Company)

78 Ivanhoe Drive

(Address)

Ormond Beach FL 32176

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald Kane

_{...}386

671-7866

(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
2014 JAN 10 PM 4: 33

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

| | e of a limited liability company is | | SECRET |
|--|--|---|-----------------------------------|
| Mr Cho | ocolate Fountain LLC | | TALLAHASSEE, |
| 2. The Artic | cles of Organization were filed on 10/2 t number L03000041497 | 28/2003 | _ and assigned |
| 3. The delay | ved effective date the dissolution if not | effective on the date of filing | ;: |
| 4. A descrip 605.0707, | otion of occurrence that resulted in the l Florida Statutes, (copy 605.0707 on ba | imited liability company's diack cover letter). | ssolution pursuant to section |
| Owner | retired | | |
| | re no members, enter the name and add and affairs: | ress of the person appointed | |
| Signature above to win | of an authorized person or if there are dup the company's activities and affai | no members, the signature of | f the person appointed and listed |
| | Signature | Printed | Name |
| | for Kon | Gerald Kane | |
| _ | \ | | |

FILING FEE: \$25.00