

LA5000071394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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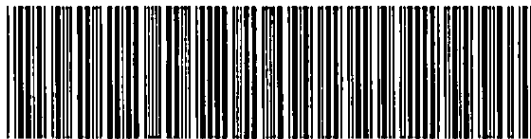
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN -8 PM 2: 25

K. SALY

JAN - 9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GOURMET TABLE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

STACY J. MACKEY
(Name of Person)

THE GOURMET TABLE
(Firm/Company)

P.O. BOX 2594
(Address)

APOPKA, FL 32704
(City/State and Zip Code)

For further information concerning this matter, please call:

ELSIE TRACY at (707), 227-0948
(Name of Person) (Area Code & Daytime Telephone Number)
STACY MACKEY 407 493-2830

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN -8 PM 2:25

1. The name of a limited liability company is

THE GOURMET TABLE, LLC

2. The Articles of Organization were filed on 07-13-2005 and assigned

document number L 05000071394

3. The delayed effective date the dissolution if not effective on the date of filing: 1-31-2018
(effective date cannot be prior to or more than 90 days later than date document is received 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).

DESIRE TO PURSUE OTHER PROFESSIONAL
ENDEAVORS.

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

STACY J. MACKAY

P.O. BOX 2594

APOPKA, FL 32704

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:

Stacy Mackey
Signature

STACY J. MACKAY
Printed Name

FILING FEE: \$25.00