

LOG 000023990

(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



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10/15/14--01027--002 **25.00

2014 OCT 15 4:10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 20 2014
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5 SENSES 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:

MARIO FRATI

(Name of Person)

5 SENSES LLC

(Firm/Company)

7301 NW 36TH COURT

(Address)

MIAMI, FL 33147

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JARED L. GAMBERG, ESQ.

(Name of Person)

954

981-4411

at (

(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:

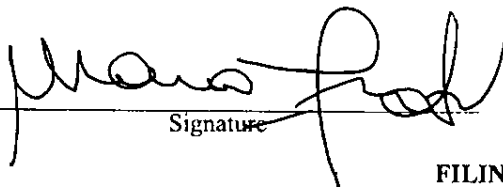
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
5 SENSES LLC
2. The Articles of Organization were filed on 03/06/2006 and assigned
document number L06000023990
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for 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).
The consent of all members to the dissolution.

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: MARIO FRATI, Manager
7301 NW 36th Court
Miami, FL 33147

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

MARIO FRATI

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: 5 SENSES LLC

Document number of Limited Liability Company is: L06000023990

Date of dissolution was: 10/14/2014

Description of information that must be included in a written claim:

Any invoice, statement of account, proof of delivery, note or other document showing
the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MARIO FRATI

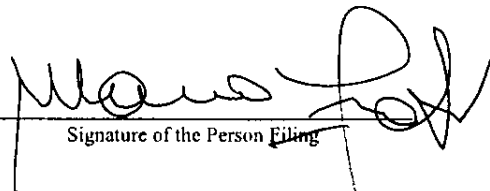
7301 NW 36TH COURT

MIAMI, FL 33147

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MARIO FRATI

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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