#106000042122

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

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2014 FEB 20 PM 4:51

K.SALY EXAMINER FEB 21 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Havana 1950's Cia	gar Co, LLC
(Name of Limited Liabi	lity Company)
The enclosed Articles of Dissolution and fee(s) are submitted for fi	iling.
Please return all correspondence concerning this matter to the follo	
Trease recarr an correspondence concerning and matter to the folio	wing.
Marissa (Olivares
(Name of Pers	son)
(Firm/Compa	
15321 Turn bu (Address)	11 Drive
(Address)	
Miami Lakes (City/State and Zi	FL 33014
(City/State and Zi	p Code)
For further information concerning this matter, please call:	
N 1 . N 1	
Marissa Olivares at (Name of Person)	(Area Code & Daytime Telephone Number)
(Hallo of Posson)	(Tital Code & Payline Telephone Trainson)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolutional 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

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1.	The name of a limited liability company is Havana 1950's Cigar Co., LLC FALLAHASSEE, FLORION The Articles of Organization were filed on H-24-2006 and assigned		
2.			
	document number <u>L0600042122</u>		
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). Store Closed on 11-4-2012 due to the bad economic not being able to cover		
	expenses and losing personal money.		
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Mari 55a Olivares			
	Miami Lakes FL 33014		
6. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	Signature Printed Name		
0	Marissa Olivares		

FILING FEE: \$25.00