

L06000078318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

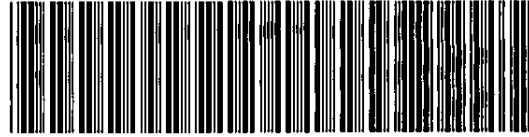
Special Instructions to Filing Officer:

**A. LUNT**

MAY 23 2010

**EXAMINER**

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05/20/11--01029--021 \*\*60.00

RECEIVED  
TALLAHASSEE, FLORIDA

2011 MAY 20 PM 12:24

FILED

5/17/11

To: Florida Dept of State

RE: POMPIE'S CULINARY TREATS

363 CORAL TRACE LANE

DELMAR BEACH FL 33445

561-272-6181

\$60 check # 2222 enclosed

FOR DISSOLUTION OF MY LLC.

Thank you,

Pompe Calandrino

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POMPIE'S CULINARY TREATS  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

POMPIE CALANDRINO  
(Name of Person)

POMPIE'S CULINARY TREATS  
(Firm/Company)

363 CORAL TRACE LANE  
(Address)

DELRAY BEACH FL 33445  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 20 PM 12:24

FILED

For further information concerning this matter, please call:

POMPIE CALANDRINO at ( 561 ) 272-6181  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

POMPIE'S CULINARY TREATS

2. The Articles of Organization were filed on AUG 9, 2006 and assigned document number

LO6000078318

3. The date the dissolution was approved: 1-1-08

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

MY HUSBAND HAD BACK SURGERY + I WAS UNABLE  
TO CONTINUE MY BUSINESS, BECAUSE I NEEDED  
TO TAKE CARE OF HIM. I WAS THE ONLY  
OWNER + WORKER.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Pompeo Calandrino

POMPIE CALANDRINO

**FILING FEE: \$25.00**