

L07000094991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

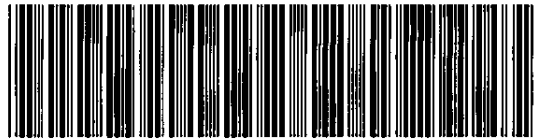
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09 OCT 27 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN OCT 14 2009

J. BRYAN

OCT 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Casa Novas Restaurant 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:

Barbara A. Castronovo

(Name of Person)

La Casa Novas

(Firm/Company)

19 Lakeside Place East

(Address)

Palm Coast, FL. 32137

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Barbara A. Castronovo

(Name of Person)

at (386) 569-4136

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2009

BARBARA A. CASTRONOVO
LA CASA NOVAS RESTAURANT, LLC
19 LAKESIDE PLACE EAST
PALM COAST, FL 32137

SUBJECT: LA CASA NOVAS RESTAURANT, LLC
Ref. Number: L07000094991

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09 OCT 27 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LA CASA NOVAS RESTAURANT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 609A00032897

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
09 OCT 21 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
La Casa Novas Restaurant LLC

2. The Articles of Organization were filed on September 17, 2007 and assigned document number
L07000094991

3. The date the dissolution was approved: JUNE 30, 2009

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).

Closed account of economic conditions which resulted in lack of business.

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

Barbara

Printed Name

Barbara A. Castronovo 100%

Barbara A. Castronovo