

#/L080000001450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

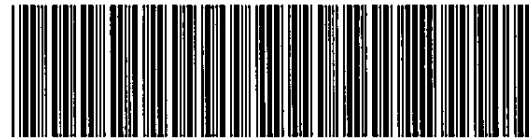
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400258978574

04/22/14--01002--014 **25.00

FILED

2014 APR 21 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Busy Bees Orlando, 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:

BERNICE ALLEN

(Name of Person)

BUSY BEES ORLANDO, LLC

(Firm/Company)

13339 BUDWORTH CIRCLE

(Address)

ORLANDO, FL 32832

(City/State and Zip Code)

For further information concerning this matter, please call:

BERNICE ALLEN

(Name of Person)

at (407) 443-6758

(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**

FILED
2014 APR 21 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
BUSY BEES ORLANDO, LLC

2. The Articles of Organization were filed on 1-3-2008 and assigned
document number #L08000001450

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).

CEASED OPERATIONS

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

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:

Bernice A
Signature

Bernice Allen
Printed Name

FILING FEE: \$25.00

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: BUSY BEES ORLANDO, LLC

Document number of Limited Liability Company is: L08000001450

Date of dissolution was: 4/18/2014

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

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

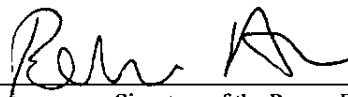
13339 BUDWORTH CIRCLE

ORLANDO, FL 32832

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.

BERNICE ALLEN

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

FILED
2014 APR 21 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA