### وسيكر

# L0900000 4270

(Requestor's Name)			
(Address)			
(Address)			
(141.000)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Basaline in Training)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE DIVISION OF CORPORATIONS



J. Com	COVER LETTER
	gistration Section vision of Corporations
SUBJECT:	The Recipe Organizer, LLC (Name of Limited Liability Company)
The enclose	d Articles of Dissolution and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Carolyn Ruscin (Name of Person)
	The Recipe Organizer (Firm/Company)
	1961 Cove ane (Address)
	Clearwater, FL 33764 (City/State and Zip Code)
For further i	nformation concerning this matter, please call:
<del></del>	Carolyn Ruscin at (727) 475-8015 (Name of Person) at (727) 475-8015 (Area Code & Daytime Telephone Number)
Enclosed is a \$25.00 Filing	check for the following amount:  Ing Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  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 A LIMITED LIABILITY COMPANY ARTICLES OF DISSOLUTION SECRETARY OF STATE SECRETARY OF CORPORATIONS



11 JAN 24 PM 12: 02

1. The name of a limited liability company is			
The Recipe Organize	er, 1.cc		
"	MARY 14, 2009 and assigned document number		
	and assigned document number		
<u> 10900004270</u> .			
3. The date the dissolution was approved:	9-2011		
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back co	ver letter).		
Sales volume was not su	flicient to maintain Dusiness		
5. CHECK ONE:			
	mited liability company have been paid or discharged.		
OR-	ebts, obligations and liabilities pursuant to s. 608.4421.		
<del>_</del> · ·	ted among its members in accordance with their respective		
rights and interests.	among its memoris in accordance with their respective		
7. CHECK ONE:			
There are no suits pending against the compa	any 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		
Carolyn Ruscin	CAROLYN RUSCIN		
Michel Ruser	MICHAEL RUSCIN		
	MICHAEL RUSCIN		
,			
	<del> </del>		