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| (Re                                     | equestor's Name)      |           |
|---|-----------------------|-----------|
| (Ac                                     | ddress)               |           |
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| (5)                                     | to (Chaha (Tim (Dhana | 40        |
| (C)                                     | ty/State/Zip/Phone    | · #)      |
| PICK-UP                                 | WAIT .                | MAIL      |
| (Bı                                     | usiness Entity Nam    | ne)       |
| , .                                     |                       | ·         |
| (Document Number)                       |                       |           |
|   |                       |           |
| Certified Copies                        | Certificates          | of Status |
| Special Instructions to Filing Officer: |                       |           |
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Office Use Only



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T. CLINE

JUN - 8 2010

**EXAMINER** 

2010 JUN -7 AM N: 11
SECRETARY OF STATE
ORIDO

# **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Crand HAJANA CAFE (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:  |
| (Name of Person)   |
| (Firm/Company)   |
| 9125 Austrian Blud   |
| 9125 Austrian Blud (Address)  Punta Gorda FL 33982 (City/State and Zip Code)   |
|  |
| For further information concerning this matter, please call:   |
| (City/State and Zip Code)  For further information concerning this matter, please call:  Shawwa Gowderson at (813) 731-3417 Fig. 1731-3417 Fi |
| (Name of Person) at (Area Code & Daytime Telephone Number)   |
| 1 <sup>27</sup> 1 (T)  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)   |
| MAILING ADDDESS. STDEET/COLDIED ADDDESS.   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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  |  |
|--|--|
| Grand Harana CARe  |  |
| 2. The Articles of Organization were filed on 7/31<br>20900073728  | and assigned document number                                   |
| 3. The date the dissolution was approved:  | <u></u> .  |
| 4. A description of occurrence that resulted in the limited liabi 608.441, Florida Statutes, (copy 608.441 on back cover letter) | lity company's dissolution pursuant to section er).            |
| My prother in law (kevin Sierra)   | has run this place into the grown.                             |
| It has not been ppen for mon U   |  |
| CARE. T doile mont to be 1   | ibble for his mistakes   |
| I do want 1/2 of liquidate   | d Assels. I was overseas and                                   |
| 5. CHECK ONE: Could more manage.   |  |
| oncoo against it in any pontang sum  | ong its members in accordance with their respective any court. |
| ignatures of the members having the same percentage of members   |  |
| Sharman Cinal 7/4/10   | Shannon Gunderson 50% owner                                    |
|  |  |
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