

L09000683539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

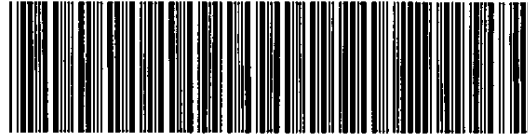
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABANA WEST PALM 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:

GLENN FRECHTER

(Name of Person)

CABANA WEST PALM LLC

(Firm/Company)

102 N.E. 6TH AVENUE

(Address)

DELRAY BEACH, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

GLENN FRECHTER

(Name of Person)

561

278-0366

at ()

(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**

1. The name of a limited liability company is
CABANA WEST PALM LLC

2. The Articles of Organization were filed on 8/29/09 and assigned
document number L09000083539

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).

BY CONSENT OF MAJORITY IN INTEREST OF MEMBERS OF THE LIMITED

LIABILITY COMPANY THE COMPANY ALL BUSINESS OPERATIONS HAVE

ENDED.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: CREATIVE RESTAURANT CONCEPTS OF FLA INC

ATTN: GLENN FRECHTER

102 N.E. 6TH AVENUE

DELRAY BEACH, FL 33483

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:



Signature

GLENN FRECHTER

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED