11820100010

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	NO	*





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OF STATE

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January 29, 2016

ROBERT FELLOWS 1836 UNIVERSITY PLACE SARASOTA, FL 34235

SUBJECT: F2 NOTECARDS LLC Ref. Number: L09000105814

We have received your document for F2 NOTECARDS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Letter Number: 716A00002046

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: F2 NOTECARDS 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:	
ROBERT FELLOWS (Name of Person)	
(Name of Person)	
F2 NOTECARDS LLC (Firm/Company)	
(Firm/Company)	
1836 UNIVERSITY PLACE	-
SARASUTA FL 34235 (City/State and Zip Code)	
For further information concerning this matter, please call:	
ROBERT FELLOWS at (9H1) C (Name of Person) (Area Code & Da)	128.2432 ytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee and Certificate of Dissolution ☐ \$55.00 Filing Fee, Ce	ertificate of Dissolution & (tional copy is enclosed)
NOTICE OF LIMITED LIABILITY COMPANY	
MAILING ADDRESS: STREET/C	OURIER ADDRESS:
Registration Section Registration	
Division of Corporations Division of P.O. Box 6327 Clifton Buil	Corporations
1.0. box 0327 Citton buil	யாத

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
F2 NOTE CARDS
2. The Articles of Organization were filed on 11/2 09 and assigned
document number <u>L0900105814</u>
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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). AN S COR PORATION WAS FORMED JUNE 6, 2015
MAGGIE'S MORSELS BAKERY INC
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
1836 UNIVERSITY PLACE
SARASOTA FL 34235
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:
Horace Vallows From Front Name Frinted Name
FILING FEE: \$25.00 FILING FEE: \$25.00 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: +2 NOTECARDS LLC	
Document number of Limited Liability Company is: L09000105814	
Date of dissolution was: JANUARY 26, 2016	
Description of information that must be included in a written claim:	
THE LEGAL NAME OF COMPANY	
F2 NOTECARDS LLC	
DOCUMENT NUMBER OF LLC LU90001058	514
DATE ARTICLES OF ORGANIZATION FILED 11	12/09
DATE OF DISSOLUTION 1/26/16	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporat	ions)
ROBERT FELLOWS	2016 FAR
1836 UNIVERSITY PLACE	2 -2
SARASOTA FL 34235	>
ORICE	<u>ه</u> –
	^

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.

FRENCE) Fellows Joseph Vallows

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