

L10000003421

(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



600282757376

03/07/16--01006--001 **25.00

FILED

2016 MAR -7 PM 2:56

CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR -8

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG PAPA'S LLC

DOCUMENT NUMBER: L10000003421

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID EARLEY
(Name of Contact Person)

(Firm/Company)

432 SHOREWOOD LANE
(Address)

NEW SMYRNA BEACH, FL 32168
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID EARLEY at (386) 689-2043
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|---|---|---|---|

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2016 MAR -7 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

BIG PAPA'S LLC

2. The Articles of Organization were filed on 01/11/2010 and assigned

document number L10000003421

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/15
(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).

OWNER'S MEDICAL ISSUES NEGATIVELY
AFFECT THE CONTINUANCE OF THE COMPANY.
BUSINESS CLOSED.

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:

David J Earley
Signature

DAVID EARLEY
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: BIG PAPA'S LLC

Document number of Limited Liability Company is: L10000003421

Date of dissolution was: 12/31/15

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

ITEM PURCHASED, COPY OF INVOICE AND DATE
OF OCCURRENCE.

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

DAVID ZARLEY

432 SHOREWOOD LANE

NEAR SMYRNA BEACH, FL 32168

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.

DAVID J. EARLEY
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

FILED
2016 MAR -7 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA