

L1000009123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

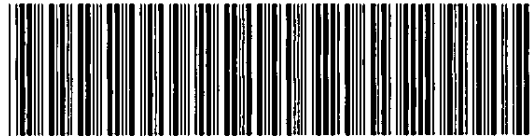
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400297065754

FILED
17 MAR 28 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 MAR 28 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 29 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 573259 7805619

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : March 28, 2017

ORDER TIME : 1:12 PM

ORDER NO. : 573259-005

CUSTOMER NO: 7805619

DOMESTIC FILINGS

NAME: GEORGE, CHARLIE AND ROCCO, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: _____

FILED
17 MAR 28 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

GEORGE, CHARLIE AND ROCCO, LLC

2. The Articles of Organization were filed on 02/18/2010 and assigned

document number L10000019123

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).

Cease doing business

5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs:

David Bloom

575 Madison Avenue

10th Floor

New York, NY 10022

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

David Bloom, Manager

Printed Name

FILING FEE: \$25.00

FILED
17 MAR 28 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA