

L100000075120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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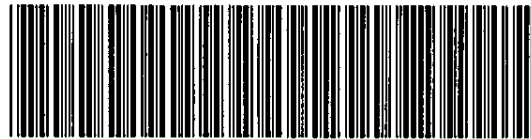
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 JAN 15 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRUNO'S ITALIAN ICE 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:

MARY ANN LOCHAMY
(Name of Person)
BRUNO'S ITALIAN ICE
(Firm/Company)
109 CASTERS CT
(Address)
St Augustine FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY ANN LOCHAMY at (904) 7596167
(Name of Person) (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

2015 JAN 15 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1. The name of a limited liability company is

BRUNO'S ITALIAN ICE LLC

2. The Articles of Organization were filed on July 16, 2010 and assigned

document number L10000075120

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).

CONSENT OF MEMBERS

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

MARY ANN LOCHAMY

109 CASTERS CT

St Augustine FL 32080

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:

Mary Ann Lochamy
Signature

MARY ANN LOCHAMY
Printed Name

FILING FEE: \$25.00