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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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ALLAHASSEE, FLORIDA

ES MANAGE

COVER LETTER

Division of Corporations
SUBJECT: The Original Flip Flop Stop (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:
rease return an correspondence concerning ans matter to the following.
Chal Raice
(Name of Person)
(Firm/Company)
From De Valla, La
(Address)
Inda IN 46250 =
(City/State and Zip Code)
For further information concerning this matter, please call:
(101, Para 512 477- 4801 2
(Name of Person) at () (Area Code & Daytime Telephone Number)
Englagading a shock for the fatlowing amounts
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 Original Flip Flosop	
2.	The Articles of Organization were filed on Sept 18, 2010 and assigned	
	document number <u>L1 00000 95 932</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 b listed as the document's effective date on the Department of State's records.	e
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).	
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5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	-
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6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
	Signature Cycle Boy Comprinted Name	

FILING FEE: \$25.00