## L10000101390

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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: CHERYL SCHWARTZ PERSONM CHEF, 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:

Cherry Schwartz Cheryl Schwartz Personal Chef, LLC (Firm/Company) 4920 20th Ave South, Gulfport, FL 33707 (Address) Gulfport FL 33707 (City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Schwartz at (727) 433-6093 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

## **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 name of a limited liability company is
CHERIL SCHWARTZ PERSONAL CHEF, LLC
<ol> <li>2. The Articles of Organization were filed on <u>9/21/2010</u> and assigned document number <u>L10000101390</u></li> <li>3. The delayed effective date the dissolution if not effective on the date of filing: <u>2/1/2014</u></li> </ol>
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). <u>Not enough business - retired</u> .
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:

Signature Chery Schwart

.

Printed Name

CHERYL SCHWARTZ

FILING FEE: \$25.00

