

L10000 101390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

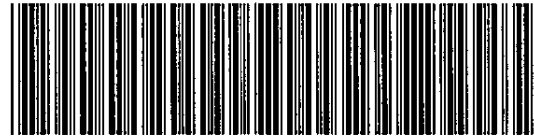
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/24/14--01020--013 **25.00

STATE OF FLORIDA
TALLAHASSEE
14 JAN 24 AM 11:46
2014

J. Shivers JAN 29 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHERYL SCHWARTZ PERSONAL 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:

Cheryl Schwartz
(Name of Person)

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

\$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 name of a limited liability company is

CHERYL SCHWARTZ PERSONAL CARE, LLC

2. The Articles of Organization were filed on 9/27/2010 and assigned
document number L10000101390

3. The delayed effective date the dissolution if not effective on the date of filing: 2/1/2014

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).

not enough business - retired.

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

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

Cheryl Schwartz

Printed Name

CHERYL SCHWARTZ

FILING FEE: \$25.00

RECEIVED
TALLAHASSEE COUNTY
16 JAN 24 AM 11:46