

L10000115899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

L1-115899

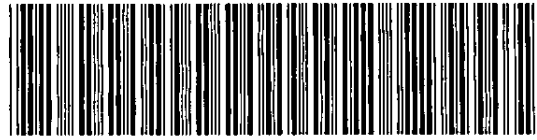
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2016

ARSENIO LO BOSCO  
908 W. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

SUBJECT: CERRATO'S ITALIAN MARKET & DELI LLC  
Ref. Number: L10000115899

We have received your document for CERRATO'S ITALIAN MARKET & DELI LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 516A00000483

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CERRATO'S ITALIAN MARKET & DELI, 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:

ARSENIO LO BOSCO  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

908 W. NEW HAVEN AVE.  
(Address)

MELBOURNE, FL 32901  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARSENIO LO BOSCO at (321) 984-3668  
(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

CERRATOS ITALIAN MARKET & DELCE LLC

2. The Articles of Organization were filed on Nov. 8, 2010 and assigned

document number L10000115899

3. The delayed effective date the dissolution if not effective on the date of filing: Dec. 7, 2015  
(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).

Dissolving due to illness of Managing  
member.

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

ARSENIO LO BOSCO

908 W New Haven Ave.

Melbourne FL. 32901

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:

x   
FRED A. CERRATO Signature

FRED A. CERRATO  
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CERRATOS ITALIAN MARKET & DELI LLC

Document number of Limited Liability Company is: L10000115899

Date of dissolution was: DEC. 7, 2015

Description of information that must be included in a written claim:

DATE, NATURE, AND DOLLAR AMOUNT OF CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ARSENIO LO BOSCO  
908 W. NEW HAVEN AVE.  
MELBOURNE, FL 32901

2016 JAN 25 A 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

FRED A. CERRATO

Printed Name of the Person Filing

Arsenio Lo Bosco

Signature of the Person Filing