

L10000124879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 FEB 25 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 4 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAP'S LEGACY, L.L.C.
(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:

JOSEPH J. ROMEI, C.P.A.

(Name of Person)

JOSEPH J. ROMEI, C.P.A., L.L.C.

(Firm/Company)

1 NEWARK POMPTON TURNPIKE

(Address)

WAYNE, NEW JERSEY 07470

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH J. ROMEI

(Name of Person)

at 973 696-8888

(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**

FILED
14 FEB 25 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
PAP'S LEGACY, LLC

2. The Articles of Organization were filed on 12/2/2010 and assigned
document number L10000124879

3. The delayed effective date the dissolution if not effective on the date of 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).

PAP'S LEGACY, LLC STOPPED OPERATIONS AND DECIDED TO
DISSOLVE BUSINESS DUE TO THE LACK OF INCOME.

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

CATHY M. HEGEDUS

P.O. BOX 3604

FORT PIERCE, FLORIDA 34948

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

Printed Name

Cathy M. Hegedus

CATHY M. HEGEDUS

FILING FEE: \$25.00