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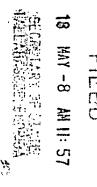
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(RE	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



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05/08/18--01019--012 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Little Torch Partners LLC (Name of Limited Liability Company)
The enc	losed Articles of Dissolution and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	MICHAEL P. PETERSON (Name of Person)
	(Firin/Company)
	Z8140 County Rd (Address)
	Summercand Key FL 33042-5631. (City/State and Zip Code)
For furtl	ner information concerning this matter, please call:
	Michael P. PETER:SON at (305) 395-1098 (Name of Person) (Area Code & Daytime Telephone Number)
	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
	Little Torch PARTNERS, LLC
2.	The Articles of Organization were filed on 4/6/2011 and assigned
	document number
3.	The delayed effective date the dissolution if not effective on the date of filing: 4/23/zo18 (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. (SEE ATTACHMENT)
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).
	Revonues had de creasal in 2016 and pre- IRma 2017.
	After Irma's devastation, there was no reason to continue the business. I closed the doors to the public on "Tadite".
_	Since the I have liquidated all inventory and assats
5.	If there are no members, enter the name and address of the person appointed to wind up the company
	activities and affairs:
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
M	Wall Peterson Signature Michael P. PETERSON Printed Name
	Signature Frince Name

FILING FEE: \$25.00