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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	(Name of Limited Liability Company)
The en	closed Articles of Dissolution and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Hong Le Lin (Name of Person)
	(Name of Person)  Hibachi Buffet LLC  (Firm/Company)
	3805 Cypress Trails Dr. (Address)
	Polk City, FL 33868 (Eity/State and Zip Code)
For fur	ther information concerning this matter, please call:
	Hong Le Lin  at (407) 446-7518  (Name of Person)  at (407) Area Code & Daytime Telephone Number)
Enclose	ed 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: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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  Hibachi Buffet LLC
2.	The Articles of Organization were filed on 06/09/201/ and assigned
	document number
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for 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).
	Change of Ownership
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. 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:
	Hong le Lin
	Signature Printed Name

**FILING FEE: \$25.00**