

L11000101987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

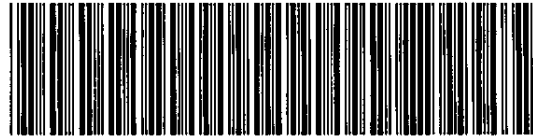
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/25/14--01008--017 **30.00

APR 30 2014

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2014 APR 25 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pasta Pronto, 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:

Chris Rossitto

(Name of Person)

Pasta Pronto, LLC

(Firm/Company)

4068 Sierra Terrace

(Address)

Sunrise, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Rossitto

(Name of Person)

at (561) 870-8669
(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)

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2014 APR 25 PM 3:30

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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**

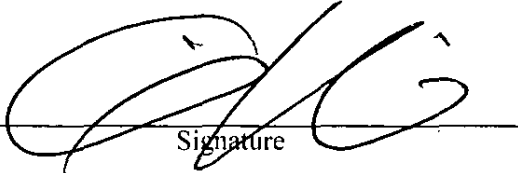
1. The name of a limited liability company is Pasta Pronto, LLC
2. The Articles of Organization were filed on 09/06/2012 and assigned
document number L11000101987
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 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).

No longer operating

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

4668 Sierra Ter.
Sunrise, FL 33357

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

Christopher R. Rossitto
Printed Name

FILING FEE: \$25.00

FILED
2014 APR 25 PM 3:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA