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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL ROTOLO'S OF DESTIN, LLC

Certificate of Status	Ü
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COVER LETTER

TO:	Registration Section Division of Corporations							
SHRIB	Rotolo's of Destin, LLC	;						
SUBJECT: (Name of Limited Liability Company)								
	losed Articles of Dissolution a							
	Manuel G. Gutierrez	IH						
(Name of Person)								
Retolo's of Destin, LLC								
(Firm/Company)								
	P.O. Box 2922							
	(Address)							
	Harvey, LA 70059							
		(City/Stat	e and Zip Code)					
For fu	her information concerning thi	s matter, please call:						
Manuel G. Gutierrez III		504	366-9283) ode & Daytime Telephone Number)					
	(Name of Po	etson)	(Aren Ce	ode & Daytime Telephone Number)				
Enclus	I is a check for the following amo	ount:						
☐ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						
	MAILING ADI			EET/COURIER ADDRESS: stration Section				
	Registration Sec Division of Corp			sion of Corporations				
	P.O. Box 6327		Clift	on Building				

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



۱.	The name of a limited liabil Rotolo's of Destin, LLC	ity company is		_ ·		
2.	The Articles of Organization	i were filed on	October 7, 2011 and assigned			
	document number £1100011	5262				
3.	(effective	date cannot be prit his block does no	'not effective on the date of filing: r to or more than 90 days later than date document is received for it recet the applicable statutory filing requirements, this date to epartment of State's records.	iling) will not be		
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).					
	Closed Business					
5			l address of the person appointed to wind up the compierrez III	<u>.</u>		
		P.O. Box 2922				
		Harvey, LA 7	0059			
6 li	. Signature of an authorized sted above to wind up the co	person or if the	e are no members, the signature of the person appointe es and affairs:			
۲ì۷		Lug	Manuel G. Gutterrez III			
•••	Signature	\	Printed Name			

FILING FEE: \$25.00