# L11000123067

Office Use Only



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TALLAHASS ELFLORIDA

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J. SEENERS MAR 1 0 2014

## COVER LETTER .

Division of Corporations						
SUBJECT: MR. G'S FOOD SERVICE LIC						
(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:						
GARY G PATANE						
(Name of Person)						
X						
(Firm/Company)						
6069 8TH AVE N (Address)						
ST PETERS BURG KIA 33710  (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
CARLY G PATANE at (813) 361 - 5858 (Area Code & Daytime Telephone Number)						
(Name of Person) (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:

TO:

Registration Section

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	The name of a limited liability company is					
	mr.	G'S	F000 5	ERVICES		·	
2.	The Articles of Organ			28,2011	and as	signed	
	document number L	11000	012306-	<u>†                                      </u>			
3.	The delayed effective date the dissolution if not effective on the date of filing:						
4.	A description of occu 605.0707, Florida Stat	rrence that tutes, (copy	resulted in the lim 605.0707 on back	ited liability company cover letter).	's dissolutio	n pursuant to sectior	
	Dio A	JOT	PURSUE	BUSINES	5		
5.	If there are no member activities and affairs:	rs, enter the	e name and addres	s of the person appoin	ted to wind	up the company's	
	dett vittes and strains.					:	
		<del>. =</del>					
6. lis	Signature of an authorsted above to wind up t	rized persor he company	n or if there are no	members, the signatur	e of the per		
	465			GARY	G	PATANG	
	Signa	ure		P(ii	nted Name		

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ///R. 6'	5 tood Services					
Document number of Limited Liability Company is: L11000123067						
Date of dissolution was: JANUARY 1, 201	<u>4</u>					
Description of information that must be included in a writte	en claim:					
Dio NOT PURSUE BU	SINESS.					
Mailing address where claims can be sent: (Claims cannot b	be sent to the Division of Corporations)					
	DECORIDA DE 25					
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no						
Je A						
Printed Name of the Person Filing	Signature of the Person Filing					

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00