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Fax Number : (850) 617-6383

From:

Account Name : C ? CORPORATION SYSTEM Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL **EDIBLES 394, LLC**

Certificate of Status	0
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Corporate Filing Menu

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LEC 2 2 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCI bles 394 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:

Sally O'Hara Landback, Esq.

(Name of Person)

Cdible Arrangements Thernational, Lice

95 Barnos Rel

(Address)

Wallingford, CT 06492

For further information concerning this matter, please call;

Sally O' Hara Landrack of (203, 774-8120)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S \$25.00 Filing Fee and Certificate of Dispolution

S\$5.00 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 compan <u>Edibles</u> 394, LLC	y is	
2. The Articles of Organization were filed document number LII COO	1 on <u>Deco miber 9, 2011</u> and assigned 138963	
3. The delayed effective date the dissolut (effective date cannot b	ion if not effective on the date of filing:	
4. A description of occurrence that results 605.0707, Florida Statutes, (copy 605.0	ed in the limited liability company's dissolution pursuant to section 707 on back cover latter).	
Muse agreed to	the ainited liability ampany the dissolution of the	
	e and address of the person appointed to wind up the company's	•
6. Signature of an authorized person or if listed above to wind up the company's act	there are no mainbers, the signature of the person appointed and livities and affairs:	· · · · · · · · · · · · · · · · · · ·
Signature	Taria Faria Phioled Name For	14
	FILING FEE: \$25,00	R T

71856 - P3179014 WHILIP KNAW CHICA