

L12000005642

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

RECEIVED

14 MAY -2 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
SUMI YAKITORI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -2 AM 7:58

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUMI YAKITORI, 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:

Diane M. Hernandez

(Name of Person)

Adams Gallinar, P.A.

(Firm/Company)

1000 Brickell Avenue, Suite 300

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane M. Hernandez

(Name of Person)

305

416-6800

at (

_____) _____
(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:

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

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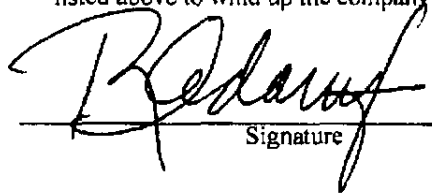
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

- 1. The name of a limited liability company is
SUMI YAKITORI, LLC
- 2. The Articles of Organization were filed on January 11, 2012 and assigned
document number L12000005642
- 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).
Sale of Asset

- 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. 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

Robert R. Adams, Auth. Representative
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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