

L12000007103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

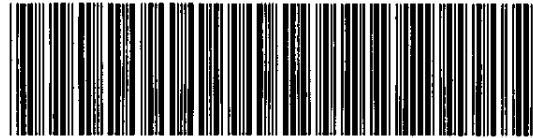
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2014 NOV 25 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Olive Taste of Delray 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:

Lori Richards
(Name of Person)

(Firm/Company)
P.O. Box 73
(Address)
North Quincy, MA 02171
(City, State and Zip Code)

2014 NOV 25 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Lori Richards at (413) 883-2717
(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:

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

The Olive Taste of Delray LLC

2. The Articles of Organization were filed on January 17, 2012 and assigned

document number L12000007103

3. The delayed effective date the dissolution if not effective on the date of filing: 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).

Manager Meeting held on August 30, 2014
Wherein Managers, Hassan Tajalli and Lori
Richards, agreed to dissolve the business.

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

Lori Richards

PO Box 73

North Quincy, MA 02171

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:

Lori Richards
Signature

Lori Richards
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: The Olive Taste of Delray LLC

Document number of Limited Liability Company is: L12000007103

Date of dissolution was: 09/01/2014

Description of information that must be included in a written claim:

Name of Company
Account #
Amount Due
Date of Service
Contact Name

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

The Olive Taste of Delray LLC
Po Box 73
North Quincy, MA 02171

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Lori Richards

Printed Name of the Person Filing

Lori Richards

Signature of the Person Filing