

L12000014333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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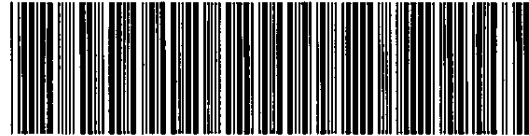
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Puddingshotz, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Agresti  
Name of Person

Puddingshotz, LLC  
Firm/Company

7322 Mandalay Ave  
Address

Clearwater Beach, FL 33767  
City/State and Zip Code

kimagresti@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Agresti at (727) 249-8640  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: Puddingshotz, LLC

**SECOND:** The Florida Document number of the limited liability company is: L12000014333

**THIRD:** The date of filing of the initial articles of organization is: 11/31/2012

**FOURTH:** The date of filing of the dissolution is: 05/02/2014

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

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TALLAHASSEE, FLORIDA

Kimberly Agresti

Signature of Authorized Representative

Kimberly Agresti

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)