## L12000015918

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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	oinean Entity New	
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	1
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## **COVER LETTER**

	egistration Section Division of Corporations			
UBJECT	Bloom's Baking House LLC			
OBJECT		ited Liability Company)		
he enclos	sed Articles of Dissolution and fee(s) are submi	itted for filing.		
lease retu	irn all correspondence concerning this matter to	the following:		
	Cheryl Bloom			
	(Na	me of Person)		
	Bloom's Baking House LLC			
	(Fin	rm/Company)		
	610 W Main st			
		(Address)		
	Leesburg Fl 34748			
	(City/St	tate and Zip Code)		
or further	r information concerning this matter, please cal	t:		
C	Theryl Bloom	352 345-7635		
_	(Name of Person)	at () (Area Code & Daytime Telephone Number)		
nclosed is	a check for the following amount:			
<b>≘</b> s:	25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	lailing Address:	Street Address:		
	egistration Section Division of Corporations	Registration Section Division of Corporations		
	O. Box 6327	The Centre of Tallahassee		
T	allahassee, FL 32314	2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	name of a limited liability com om's Baking House LLC	pany is		<u>.</u> .	
2. The	Articles of Organization were	iled on <u>02/01/2012</u>	and assigned		
doc	ument number <u>L12000015918</u>				
No	te: If the date inserted in this bloc		tory filing requirements, this date will i		
. A de 605.	escription of occurrence that res 0707. Florida Statutes, (copy 60	ulted in the limited liability con 5.0707 on back cover letter).	npany's dissolution pursuant to secti	ion	
covid	d 19 has forced the closing of this	uisness.	-1	20	
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	nama ara na manahara antar tha r	none and address of the marron of	and intended to using the appropriate	94:1 HA	
		Bloom	ppointed to wind up the company's	· თ	
		nnyside dr			
	Leesb	urg fl. 34748		_	
5. Sign ibove t	nature of an authorized person of wind up the company's activities.	if there are no members, the si	gnature of the person appointed and	listed	
<u> Y</u> u	ryl J. Bloom	Cheryl Bloom	Printed Name		

FILING FEE: \$25.00