

L12 000018610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

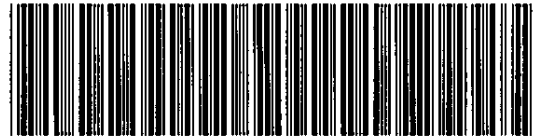
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/07/14--01030--007 **55.00

APR - 8 2014

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FILED
2014 APR - 7 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: School of Cakes, 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:

Bonnie Moses

(Name of Person)

School of Cakes, LLC

(Firm/Company)

146 Kurtwood Drive

(Address)

DeBary, Florida 32713

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Moses

(Name of Person)

at (407) 948-2774

(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

2014 APR - 7 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is

School of Cakes, LLC

2. The Articles of Organization were filed on 2/8/12 and assigned

document number L12000018410

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).

I gained a full time job and have not worked on this company

since the middle of 2013.

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

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

Bonnie Moses
Printed Name

FILING FEE: \$25.00

2014 APR -7 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: School of Cakes, LLC

Document number of Limited Liability Company is: L12000018610

Date of dissolution was: 5/27/2013

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

I gained full-time employment at that time and have not worked on this company since 2012 .

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


146 Kurtwood Drive, DeBary, Florida 32713

2014 FEB -7 AM 11:05
CLERK OF STATE
TALLAHASSEE, FL 32304

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.

Bonnie Moses

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00