

L120000 30252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

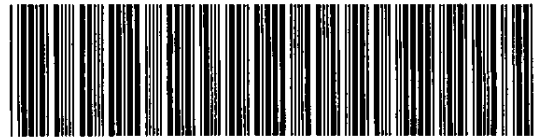
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500308743615

02/09/18--01015--005 **25.00

FILED

18 FEB -9 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mealdav, 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:

Viviana Bibliowicz

(Name of Person)

Mealdav, LLC

(Firm/Company)

5604 SW 114 avenue,

(Address)

Cooper City, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Viviana Bibliowicz

(Name of Person)

at (305) 799-0827

(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

Mealdav, LLC

2. The Articles of Organization were filed on 03/01/2012 and assigned

document number L12000030252

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

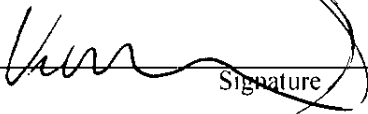
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

No need to maintain business active

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

Viviana Bibliowicz

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

Viviana Bibliowicz

Printed Name

FILING FEE: \$25.00

FILED
18 FEB -9 PM 12:31
CLERK OF THE COURT
TALLAHASSEE FLORIDA

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: Mealdav, LLC

Document number of Limited Liability Company is: L12000030252

Date of dissolution was: 02/06/2018

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

No need to maintain business active

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

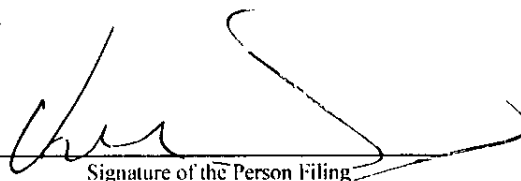
5604 SW 114 avenue

Cooper City, FL 33330

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.

Viviana Bibliowicz

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