

L12 0000 36820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

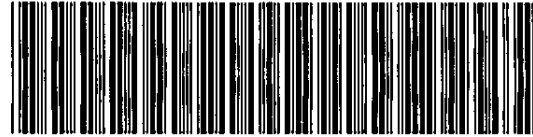
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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J. Shivers MAR 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINE & SPIRITS LOVERS IMPORT-EXPORT,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:

DIPIKA PATEL

(Name of Person)

WINE & SPIRITS LOVERS IMPORT-EXPORT,LLC

(Firm/Company)

964 SW SEA GREEN

(Address)

PALM CITY,FL-34990

(City/State and Zip Code)

For further information concerning this matter, please call:

DIPIKA PATEL

(Name of Person)

772

286-7902

at (

) (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
WINE & SPIRITS LOVERS IMPORT-EXPORT, LLC
2. The Articles of Organization were filed on MARCH 15, 2012 and assigned
document number L12000036820
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).
As our business was not successful we have closed our business operation.

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

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

Dipika Patel

Printed Name

FILING FEE: \$25.00

MAR 10 PM 12:37
STATE OF FLORIDA
TALLAHASSEE