

L17 0000 51478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 APR 29 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 05 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELIVERED 2 YOU, 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:

Robert Bart

(Name of Person)

DELIVERED 2 YOU, LLC

(Firm/Company)

5807 N Atlantic Ave #324

(Address)

Cape Canaveral, FL 32920

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Bart

(Name of Person)

321

265-1621

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
DELIVERED 2 YOU, LLC
2. The Articles of Organization were filed on 04/18/2012 and assigned
document number L12000052431
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).
My wife and I tried to operate a personal shopping service, but the business did not
succeed. Closed operations on 09/30/2014
5. If there are no members, enter the name and address of the person appointed to wind up the company
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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 29 AM 11:40

FILED


Signature

Robert Bart
Printed Name

FILING FEE: \$25.00