

L12000077858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

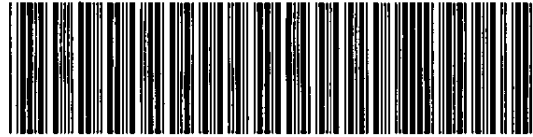
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258276895

03/31/14--01010--016 **25.00

FILED
14 MAR 31 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 1 2014



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEET OLIVIA 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:

Emily Komlosky
(Name of Person)

(Firm/Company)

15 DOGWOOD ROAD
(Address)

Hollywood, Fla 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

Emily Komlosky at (954) 647-4007
(Name of Person) (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

SWEET OLIVIA LLC

2. The Articles of Organization were filed on 6/11/2012 and assigned document number L12000077858

3. The delayed effective date the dissolution if not effective on the date of filing: April 1 2014

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).

failure to begin generating income

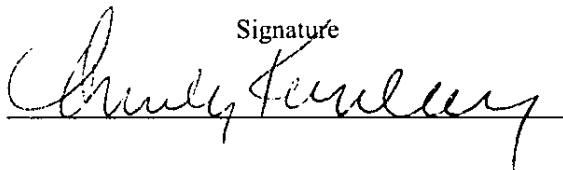
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Emily Komlosky
15 Deawood Road
Hollywood, Fla 33021

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

Printed Name



Emily Komlosky

FILING FEE: \$25.00

FILED
14 MAR 31 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA