

L12000081282

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

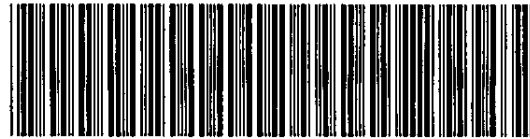
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 FEB 13 AM 11:07  
FEB 13 2014  
FEB 13 2014

B. POSTICK

FEB 14 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **B & B CUISINE, 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:

(Name of Person)

C/O FRANKLIN & COMPANY LLC

(Firm/Company)

**4314 LAMSON AVENUE**

(Address)

**SPRING HILL, FL 34608**

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN FRANKLIN 352 684-3535

(Name of Person)

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

2014 FEB 13  
A 11:07  
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STATE  
SECRETARY OF STATE

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

1. The name of a limited liability company is

**B & B CUISINE, LLC**

2. The Articles of Organization were filed on **06/19/2012** and assigned  
document number **L12000081282**

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

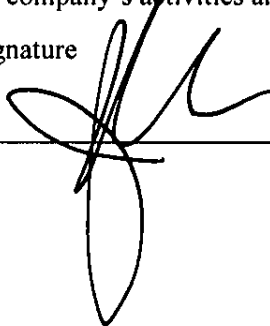
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

**BUSINESS CLOSED**

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



Printed Name

**JOHN BATISTA**

**FILING FEE: \$25.00**

**FILED**  
2014 FEB 13 A 11:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA