

L12000087647

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

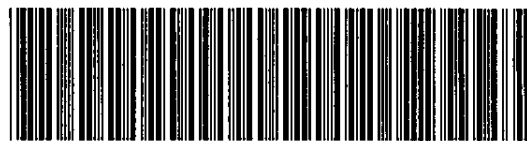
\_\_\_\_\_  
(Business Entity Name)

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

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

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04/28/14--01029--016 \*\*25.00

B. BOSTICK  
MAY - 5 2014  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOCK RESTAURANT GROUP, L.L.C.  
\_\_\_\_\_  
(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:

KERRY ANNE SCHULTZ, ESQUIRE

\_\_\_\_\_  
(Name of Person)

FOUNTAIN, SCHULTZ & ASSOCIATES, P.L.

\_\_\_\_\_  
(Firm/Company)

2045 FOUNTAIN PROFESSIONAL CT., STE. A

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

NAVARRE, FL 32566

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ

\_\_\_\_\_  
(Name of Person)

at ( 850 ) 939-3535  
\_\_\_\_\_  
(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:**

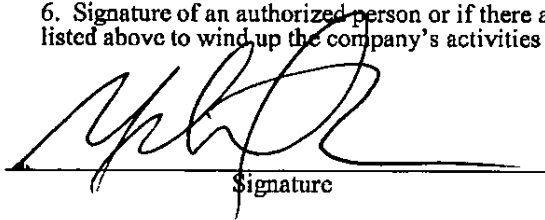
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
LOCK RESTAURANT GROUP, L.L.C.
2. The Articles of Organization were filed on JULY 2, 2012 and assigned  
document number L12000087647
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).  
All members have unanimously agreed in writing to dissolve the company.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Michael Carro

Printed Name

**FILING FEE: \$25.00**

2012 JUL 26 PM 1:14