

L12 000104789

(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:

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09/02/14--01013--007 **25.00

14 SEP -3 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Missing Links ICE CREAM OF Largo 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:

ARVIND RAWANA

(Name of Person)

Missing Links Ice Cream of Largo

(Firm/Company)

7323 DARLEN WAY.

(Address)

Clearwater FL 33764

(City/State and Zip Code)

For further information concerning this matter, please call:

Arvind Rawana

(Name of Person)

at (127) 688-0710

(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

Missing Links Ice Cream of Largo

2. The Articles of Organization were filed on 8/15/2014 and assigned

document number FEIN - 46-0795706

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):

No longer in Business - Dissolved 8/15/2014

Contract object # 16040031 Do not Renewal -

Business Pkts # 39224351

ut account # 3123087

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

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

Arvind Rawan

Printed Name

FILING FEE: \$25.00

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RECEIVED