

L12000133598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

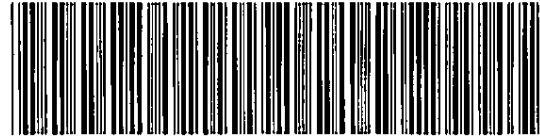
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000325583060

03/06/19--01021--013 **25.00

FILED
2019 MAR -6 AM 10:00
TALLAHASSEE STATE
FLETC

03/06/19
01:00:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Cupcakery By The Sea 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:

Vanessa Poch

(Name of Person)

A Cupcakery By The Sea LLC

(Firm/Company)

4529 Ocean View Dr

(Address)

Destin, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Vanessa Poch

(Name of Person)

850

240- 1895

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**

FILED

2019 MAR -6 AM 10:00

SECRET
TALLAHASSEE, FL

1. The name of a limited liability company is
A Cupcakery By The Sea

2. The Articles of Organization were filed on 10/19/12
and assigned document number L 12000133598

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).

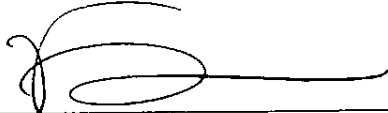
Closed the Business in July 2016

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

4529 Ocean View Dr

Destin, FL 32541

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

Vanessa Poch

Printed Name

FILING FEE: \$25.00