

LB000016533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

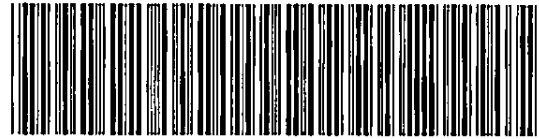
(Business Entity Name)

(Document Number)

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18 NOV 19 PM 6:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 30 2018  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOURMET GROCERY 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:

Michael H Parmelee  
(Name of Person)

Gourmet Grocery LLC  
(Firm/Company)

6115 62nd AVE N  
(Address)

PINELLAS PARK / FL 33781  
(City/State and Zip Code)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Michael Parmelee at (727) 744 2130  
(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

GOURMET Grocery LLC

2. The Articles of Organization were filed on JAN 31, 2013 and assigned

document number L13000016533

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).

Continued Loss of Profit

19 NOV 19 PM 6:40  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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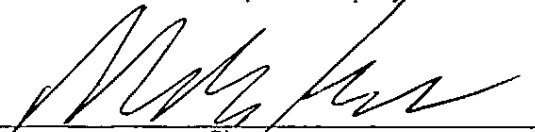
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Michael H Parmedea

6115 62nd Ave N

Pinellas Park, FL 33789

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 Parmedea  
Printed Name

**FILING FEE: \$25.00**