

L13000022211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

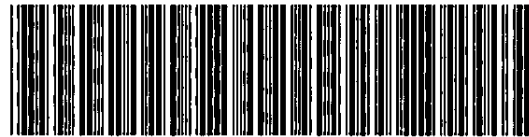
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR -4 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 5 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pam's Sweet Tooth, 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:

Pamela Schmidt

(Name of Person)

Pam's Sweet Tooth, LLC

(Firm/Company)

12349 Londonderry Lane

(Address)

Bonita Springs FL 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Schmidt

(Name of Person)

at (239) 913-9900

(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

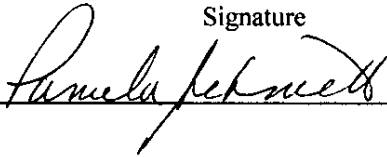
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Pam's Sweet Tooth, LLC
2. The Articles of Organization were filed on February 12, 2013 and assigned
document number L13000022211
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).
Never operational

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Pamela Schmidt
12349 Londonderry Lane
Bonita Springs, FL 34135

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

PAMELA SCHMIDT

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA