

# L13000032607

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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

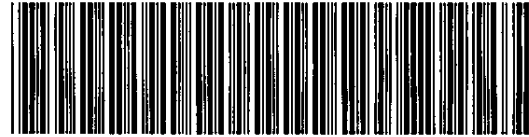
\_\_\_\_\_  
(Business Entity Name)

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

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

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2014 SEP 16 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 19 2014

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LULU'S Restaurant 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:

Isabel Almonte  
(Name of Person)

LULU'S Restaurant LLC  
(Firm/Company)

2524 Spring Harbor Cir. Apt 6  
(Address)

Mount Dora FL 32757  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Isabel Almonte at (347) 260-6601  
(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

LULU'S Restaurant LLC

2. The Articles of Organization were filed on 03/04/2013 and assigned

document number L13000032607

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).

Dissolution

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

5224 Spring Harbor Cir Apt 6

Mount Dora FL 32757

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:

Isabel Almonte  
Signature

Isabel Almonte  
Printed Name

FILING FEE: \$25.00

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Lulu's Restaurant LLC

Document number of Limited Liability Company is: 2130000 32667

Date of dissolution was: 9/12/2014

Description of information that must be included in a written claim:

Dissolution

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Isabel Almonte

2524 Spring Harbor Cir Apt 6

Mount Dora FL 32757

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Isabel Almonte  
Printed Name of the Person Filing

Isabel Almonte  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

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TALLAHASSEE, FLORIDA

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