

# L13000058076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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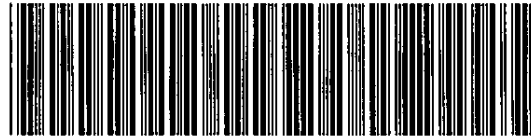
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 30 2014

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHE BREWS TEA, 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:

Alia Gonzalez  
(Name of Person)

SHE BREWS TEA, LLC  
(Firm/Company)

1640 Dublin Rd  
(Address)

Deltona, FL 32738  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alia Gonzalez at (386) 215-5556  
(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

SHE BREWS TEA, LLC

2. The Articles of Organization were filed on April 22, 2013 and assigned

document number L13000058076

3. The delayed effective date the dissolution if not effective on the date of filing: n/a  
(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).

- Lack of funding for advertising

- Illness

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

Alia Gonzalez

1640 Dublin Rd

Deltona, FL 32738

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

Alia Gonzalez  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
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TALLAHASSEE, FLORIDA