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TALLAHASSEE, FL 32301
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COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/10/2020

Name: Merritt Walker

Reference #: 1185079

Entity Name: 575 RESTAURANT CONCEPTS, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25

Signature: *MW*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 575 Restaurant Concepts, 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:

Robert Laurens

(Name of Person)

(Firm/Company)

21 Downshire Circle

(Address)

Decatur, GA 30033

(City/State and Zip Code)

For further information concerning this matter, please call:

Rich Kaye, Esq.

(Name of Person)

404

264-4086

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

575 Restaurant Concepts, LLC

2. The Articles of Organization were filed on 04/23/2013 and assigned

document number L13000058836

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).

Written Consent of the Sole Member approving 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: _____

FILED
2020 FEB 10 PM 1:08

FILED

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:

Robert Laurens

Signature

Robert Laurens, Sole Member and Manager

Printed Name

FILING FEE: \$25.00

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: 575 Restaurant Concepts, LLC

Document number of Limited Liability Company is: 1.13000058836

Date of dissolution was: February 10, 2020

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

1) A reasonable description of the claim being asserted by the claimant

2) The amount of the claim

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

c/o Robert Laurens

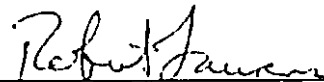
21 Downshire Circle

Decatur, GA 30033

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.

Robert Laurens, Manager

Printed Name of the Person Filing



Signature of the Person Filing

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