# 113000079837

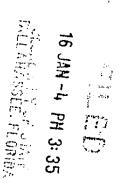
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT.

# BUNNYBOOTH, 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:

Juan Sebastiani
(Name of Person)
Bunnybooth LLC
(Firm/Company)
10927 NW 67 TER
(Address)
DORAL FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

# Juan Sebastiani

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3687333

(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 Tallahassec, 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 lia	bility company is	
Bunnybooth LLC		
2. The Articles of Organizat	tion were filed on and assigned	
document number L13000	0079837	
Note: If the date inserted i	e the dissolution if not effective on the date of filing: 12/31/2015 ive date cannot be prior to or more than 90 days later than date document is received fin this block does not meet the applicable statutory filing requirements, this da fective date on the Department of State's records.	
4. A description of occurren 605.0707, Florida Statutes	ace that resulted in the limited liability company's dissolution pursuants, (copy 605.0707 on back cover letter).	to section
The company is not making	••	
5. If there are no members, a activities and affairs:	enter the name and address of the person appointed to wind up the con  Juan Sebastiani	<u>ب</u> ي
	10927 NW 67 TER	် <u>သ</u>
	DORAL FL 33178	
6. Signature of an authorized listed above to wind up the control of the control	d person or if there are no members, the signature of the person appoir company's activities and affairs:	
	Juan Sebastiani	
Signature	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: BUNNYBO	OTH LLC
Document number of Limited Liability Company is: L13	000079837
Date of dissolution was: 12/31/2015	
Date of dissolution was:	
Description of information that must be included in a writte	n claim:
The company is not making e	nough profit
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	₩ £
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	デビ <b>ム</b> 
Mailing address where claims can be sent: (Claims cannot be	e sent to the Division of Corporations)
10927 NW 67 TER	
<b>DORAL FL 33178</b>	
<del></del>	<del> </del>
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no	
	A
Juan Sebastiani	
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