L13000104072

(Re	equestor's Name)			
(Ac	idress)			
(Ac	dress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(D.				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300259945563

QS/21/14--01026--024 **25.00

FILED

14 MAY 21 P.M 3: 07

SLONE JARY OF STATE
ALLAHASSEE F. STATE

MAY 3 0 2014

T. BROWN

COVER LETTER

TO:	Registration Section Division of Corporations		
CHINA	ARGENTINIAN STEAK HOUSE	E, LLC	
SUBJ	(Name of Li	mited Liability Company)	
The e	enclosed Articles of Dissolution and fee(s) are sub-	mitted for filing.	
Please	e return all correspondence concerning this matter	to the following:	
,	KELLY GARCES		
		Name of Person)	
	GARCES LAW FIRM, P.A.		
(Firm/Company)			
	2655 LEJEUNE ROAD, SUITE 307		
		(Address)	
	CORAL GABLES, FL 33134		
	(City.	/State and Zip Code)	
For fu	urther information concerning this matter, please c	all:	
	KELLY GARCES	305 9293110	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclos	sed 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:	STREET/COURIER ADDRESS:	
Registration Section Division of Corporations		Registration Section	
		Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
	Tanianassee, FL 32314	Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is ARGENTINIAN STEAK HOUSE, LLC JULY 23, 2013 The Articles of Organization were filed on and assigned
2.	The Articles of Organization were filed on and assigned document number
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). CONSENT OF ALL MEMBERS
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and listed
at	pove to wind up the company's activities and affairs:
	Signature Printed Name

FILING FEE: \$25.00