

LPB000135006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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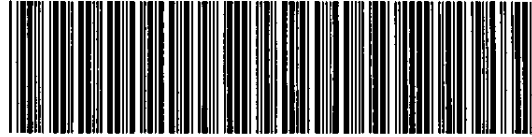
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

FEB 10 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRESH BITES CATERING CO., 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:

KATRINA L. O'KANE
(Name of Person)

FRESH BITES CATERING CO., LLC
(Firm/Company)

3144 SUNDANCE CIRCLE
(Address)

NAPLES FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

KATRINA O'KANE at (239) 682-3217
(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

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

1. The name of a limited liability company is

FRESH BITES CATERING Co., LLC

2. The Articles of Organization were filed on for CRAVE IT! CATERING COMPANY, LLC
September 24, 2013 and assigned

document number L13000135006. The Articles of Amendment to the Articles
of Organization to change the company name to Fresh Bites Catering Co., LLC
were filed on Sept. 25, 2014.

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 WAS THE DECISION OF THE MANAGING
MEMBER, WHICH IS AN EVENT THAT THE OPERATING
AGREEMENT STATES CAUSES 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:

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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

Katrina L. O'Kane
Printed Name

FILING FEE: \$25.00