

L13000166159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

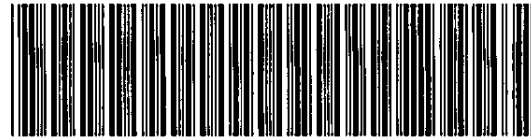
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT 30 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 31 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimum Ingredients 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:

Lorenzo Moll, Esq.

(Name of Person)

Moll Parron PLLC

(Firm/Company)

1000 Brickell Avenue, Suite 400

(Address)

Miami, FL 33131

(City/State and Zip Code)

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TALLAHASSEE, FL
SECRETARY OF STATE

For further information concerning this matter, please call:

Lorenzo Moll, Esq.

305

373-6597

at (_____) _____

(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
Optimum Ingredients LLC
2. The Articles of Organization were filed on 11/27/2013 and assigned
document number L13000166159
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).
The passage of 90 consecutive days during which the company has no 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: Lorenzo Moll, Esq.
Moll Parron PLLC
1000 Brickell Avenue, Suite 400
Miami, Florida 33131
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

Lorenzo Moll

Printed Name

FILING FEE: \$25.00

FILED
OCT 30 2013
CLERK OF COURT
JANET L. HARRIS
CLERK OF COURT