

L14 0000 1788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 MAR -2 AM 10:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

J. Andrews MAR 17 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Doctor Smoothie  
(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:

Linda Giordano  
(Name of Person)

(Firm/Company)

9702 Universal BLVD #363  
(Address)

Orlando FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Giordano at (727) 212-9323  
(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

Doctor Smoothie

2. The Articles of Organization were filed on 1-31-2014 ~~3-28-2014~~ and assigned

document number L14000017509

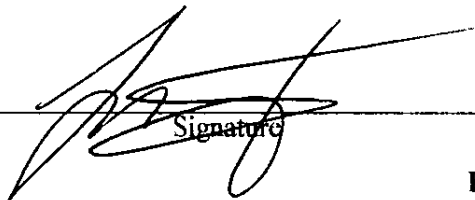
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Business Was Never Opened

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: No Members

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

Linda Giordano  
Printed Name

**FILING FEE: \$25.00**

FILED  
15 MAR -2 AM 10:00  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA