

L14000019370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

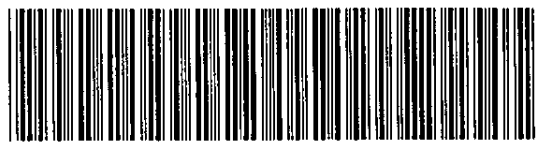
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 DEC -4 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 18 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 895252 7373263
AUTHORIZATION : *Spuddean*
COST LIMIT : \$ 25.00

ORDER DATE : December 3, 2015
ORDER TIME : 10:40 AM
ORDER NO. : 895252-010
CUSTOMER NO: 7373263

FOREIGN FILINGS

NAME: CAFE ORION USA LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2015

CSC
COURTNEY WILLIAMS

SUBJECT: CAFE ORION USA, LLC
Ref. Number: L14000019370

RESUBMIT
Please give original
submission date as file date.
12/4/2015

RECEIVED
DEPARTMENT OF STATE
15 DEC 14 PM 4:43

We have received your document for CAFE ORION USA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 715A00025508



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2015

CSC
COURTNEY WILLIAMS

SUBJECT: CAFE ORION USA, LLC
Ref. Number: L14000019370

RESUBMIT
Please give original
submission date as file date.

We have received your document for CAFE ORION USA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 515A00026162

RECEIVED
DEPARTMENT OF STATE
15 DEC 17 PM 4: 28
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAFE ORION USA, 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:

INGRID FERMIN

(Name of Person)

CAFE ORION USA, LLC

(Firm/Company)

2221 NE 164 ST, STE 372

(Address)

N MIAMI, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

INGRID FERMIN

(Name of Person)

at (610) 639-4642

(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**

FILED
2015 DEC -4 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
CAFE ORION USA LLC

2. The Articles of Organization were filed on 02/04/2014 and assigned
document number L14000019370

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).
No business at all during 2015, no sales, no activities.

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 above to wind up the company's activities and affairs:


Signature

INGRID FERMIN
Printed Name

FILING FEE: \$25.00