

L14 000019676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

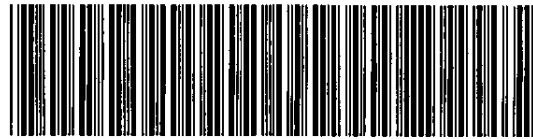
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 23 PM 10:52
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BayRoot Bay Cafe 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:

Sam Badawi
(Name of Person)

BayRoot Bay Cafe LLC
(Firm/Company)

10907 Cory Lake Drive
(Address)

Tampa, FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Badawi at (813) 508-8808
(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
BayRoot Bay Cafe

2. The Articles of Organization were filed on 02/05/2014 and assigned
document number L14000019676

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).
Consent by all members to dissolve the limited liability company.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Sam Badawi
10907 Cory Lake Drive
Tampa, FL 33647

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

Sam Badawi

Printed Name

FILING FEE: \$25.00

FILED
JAN 23 11 12 AM '14
TAMPA, FL