#14000022697

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10/06/14--01049--023 **25.00

2814 OCT -6 PH 4: 43

K. SALY EXAMINER

OCT 13 2014

COVER LETTER

	ration Section on of Corporations
SUBJECT:	ATO & LEO LLC
Schalett	(Name of Limited Liability Company)
The enclosed Ar	rticles of Dissolution and fee(s) are submitted for filing.
Please return all	I correspondence concerning this matter to the following:
	LUIS R. CALDERON
	(Name of Person)
	BELAIR ACCOUNTING SERVICES, INC.
	(Firm/Company)
	1631 E. VINE ST, STE H
	(Address)
	KISSIMMEE, FL 34744
	(City/State and Zip Code)
For further infor	rmation concerning this matter, please call:
LUIS	S R. CALDERON 407 944-9262
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a chec	ck for the following amount:
✓ \$25. 00 l	Filing Fee and Certificate of Dissolution - \$555.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

· TO:

Registration Section
Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

The name of a limited liability company is TATO & LEO LLC	2814 OCT	-6 PM 4:
TATO & LEO LLC	ALLAGA	ARY OF STATE
The Articles of Organization were filed on 02/10/2014	and assigned	TO PM 4: ARY OF STAI SSEE, FLORI
document number <u>L14000022697</u>		
. 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 do	ocument is received for filin	ig)
 A description of occurrence that resulted in the limited liability company's diss 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). NO BUSINESS AT ALL 	solution pursuant to se	ection
		_
		
		_
		_
		_
	wind up the company	
. If there are no members, enter the name and address of the person appointed to activities and affairs:	wind up the company	
	wind up the company	 ''s
	wind up the company	 ·'s
	wind up the company	 ''s
	wind up the company	
activities and affairs: Signature of an authorized person or if there are no members, the signature of the		
activities and affairs: Signature of an authorized person or if there are no members, the signature of the		
activities and affairs: Signature of an authorized person or if there are no members, the signature of the		
5. If there are no members, enter the name and address of the person appointed to activities and affairs: 6. Signature of an authorized person or if there are no members, the signature of t isted above to wind up the company's activities and affairs: GUSTAVO A. OLIVE	the person appointed a	