

214 0000 27875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

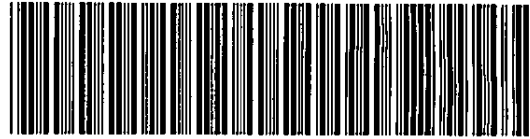
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/14--01007--018 **25.00

14 MAY 27 AM 9:44
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Dish Simply The Best, L.L.C.

(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:

Eduardo Nieves

(Name of Person)

Dish Simply The Best

(Firm/Company)

8427 colton street

(Address)

Jacksonville FL 32221

(City/State and Zip Code)

For further information concerning this matter, please call:

Eduardo Nieves

(Name of Person)

787

590-2156

at ()

(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
Dish Simply The Best, L.L.C.

2. The Articles of Organization were filed on 2/18/14 and assigned
document number L14000027875

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 name had to be change to Simply The Best Of Florida L.L.C. , We did a new
corporation with that name. the new corporation number is L1400006725.

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:

Eduardo Nieves
Signature

Eduardo Nieves
Printed Name

FILING FEE: \$25.00

14 MAY 27 AM 9:45
TALLAHASSEE, FLORIDA
FILED