

L140000 34781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

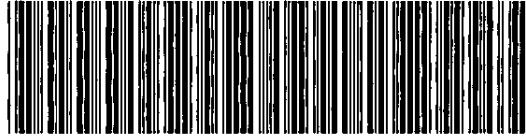
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400271732164

04/16/15--01009- -003 **25.00

FILED
15 APR 16 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUNCHIES GROUP 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:

Larissa Ramos

(Name of Person)

(Firm/Company)

9210 South Cypress Circle

(Address)

Miramar, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

Larissa Ramos

(Name of Person)

954

609-9878

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
MUNCHIES GROUP LLC
2. The Articles of Organization were filed on 02/28/2014 and assigned
document number L14000034751
3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).
An internal dispute between management caused the business to go haywire.
Management could not agree on how to run the business, which made
operating at an optimal level nearly impossible. Meetings became unproductive,
and ultimately, the business positioned itself for failure.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Talvadge Key
247 Kings Pond Avenue
Winter Haven, FL 33880
786-641-1127
6. Signature of an authorized person or if there are no members, the signature of the person appointed as listed above to wind up the company's activities and affairs:

Larissa Ramos
Signature

Larissa Ramos
Printed Name

FILING FEE: \$25.00

15 APR 16 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED