

L/4000064324

\_\_\_\_\_  
(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



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04/15/17--01010--012 \*\*25.00

17 APR 13 PM 1:09

APR 14 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mimmo's Lasagna Bites 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:

David Gilchrist

(Name of Person)

(Firm/Company)

4859 Hibbs Grove Way

(Address)

Cooper City, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

David Gilchrist

(Name of Person)

954

at (

5599215

(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

Mimmo's Lasagna Bites LLC

2. The Articles of Organization were filed on 4/21/2014 and assigned

document number L14000064324

3. The delayed effective date the dissolution if not effective on the date of filing: 1/31/2017

(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 activity. Could not get off the ground. No traction.

5. If there are no members, enter the name and address of the person appointed to wind up the company

activities and affairs:

David Gilchrist

4859 Hibbs Grove Way

Cooper City, FL 33330

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

David Gilchrist

Printed Name

**FILING FEE: \$25.00**

FILED  
17 APR 13 PM 1:09