

L14000069256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

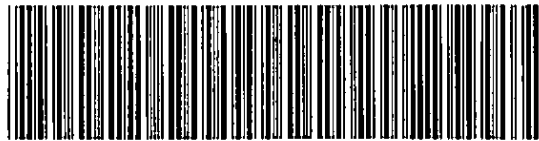
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/06/18--01015--014 \*\*25.00

FILED

18 MAR - 6 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY

MAR - 7 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BONGIOVANNI FLORIDA, 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:

KEVIN REDLING

(Name of Person)

HARDING BELL INTERNATIONAL, INC.

(Firm/Company)

113 PONTOTOC PLAZA

(Address)

AUBURNDALE, FL 33823

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN REDLING

(Name of Person)

at ( 863 ) 963-1010

(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

FILED  
18 MAR -6 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

BONGIOVANNI FLORIDA, LLC

2. The Articles of Organization were filed on APRIL 29TH, 2014 and assigned

document number L14000069256

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)

**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).

PURSUANT TO FLORIDA STATUTE 605.0701(2), ALL MEMBERS CONSENT TO THE DISSOLUTION

OF THE ENTITY.

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:

→ gbongi  
Signature

GIULIETTA BONGIOVANNI (MEMBER)

Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: BONGIOVANNI FLORIDA, LLC

Document number of Limited Liability Company is: L14000069256

Date of dissolution was: DATE ARTICLES OF DISSOLUTION FILED

Description of information that must be included in a written claim:

A detailed explanation of the claim including all facts and circumstances relating to said claim as well as any evidence providing for the validity of the claim. Additionally, it must be stated if the claim is admitted or not admitted, in whole or in part, and the relative amounts associated with such assertions.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

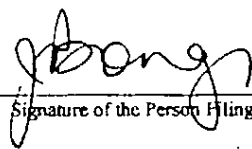
113 PONTOTOC PLAZA  
AUBURNDALE, FL 33823

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

GIULIETTA BONGIOVANNI (MEMBER)

Printed Name of the Person Filing



  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAR -6 AM 11:08

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