L14 (0000) 74462

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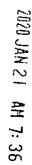
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	OODNET EXCHANGE, LLC			
SUBJECT	(Name of Limi	ted Liability Comp	oany)	
The enclosed .	Articles of Dissolution and fee(s) are submit	tted for filing.		
Please return a	all correspondence concerning this matter to	the following:		
	DAVID DELARO			
	(Na	me of Person)		
	(Fir	m/Company)		
	8499 S TAMIAMI TRAIL. PMB 248			
		(Address)		
	SARASOTA FL 34238			
	(City/St	ate and Zip Code)	 	
For further inf	ormation concerning this matter, please call	:		
DAV	/ID DELARO	941 at (554-8127	
	(Name of Person)	(Area Code & Daytime Telephone Number		
Enclosed is a ch	neck for the following amount:			
■ \$25.00 Filing Fee and Certificate of Dissolution			ng Fee, Certificate of Dissolution & Copy (additional copy is enclosed)	
Mailing Address:		Street Addre		
	stration Section sion of Corporations	Registration Section Division of Corporations		
P.O.	P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited	liability company is	
FOODNET	EXCHANGE, LLC	·
2. The Articles of Organi	zation were filed on MAY 7, 2014 an	nd assigned
document numberL1	14000074462	
(eff Note: If the date inserte	date the dissolution if not effective on the date of filing: 1 fective date cannot be prior to or more than 90 days later than date documed in this block does not meet the applicable statutory filing requiseffective date on the Department of State's records.	ment is received for filing)
4. A description of occurs 605.0707, Florida Statu	rence that resulted in the limited liability company's dissolites, (copy 605.0707 on back cover letter).	•
Unable to maintain fu	andin a	020
Unable to maintain tu	naing	2020 JAN
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		2
-		
5. If there are no member	rs, enter the name and address of the person appointed to w	ind up the company's
activities and affairs:	David Delaro	
	8499 S Tamiami Trail PMB 248	
	Sarasota, FL 34238	
6. Signature of an authori	ized person or if there are no members, the signature of the	person appointed and listed
above to wind up the com	pany's activities and affairs:	Larran - Physical area was a
1 1		
/r/. + ///.	O. —	
11 11/ Jef)	David Delaro	
Signatu	ire Printed Na	me

FILING FEE: \$25.00