

L14000089877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2015 MAR -2 PM 2:51
SECTION 1707 OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cipriani Natural & Healthy, 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:

Juliana Cipriani

(Name of Person)

Cipriani Natural & Healthy, LLC

(Firm/Company)

4970 NW 53rd Avenue

(Address)

Coconut Creek, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Juliana Cipriani

(Name of Person)

786

at ()

399-2889

(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

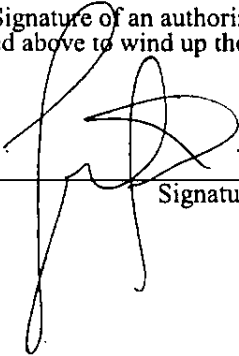
2015 MAR -2 PM 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Cipriani Natural & Healthy, LLC
2. The Articles of Organization were filed on 06/04/2014 and assigned
document number L14000089877
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).
closing LLC

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:



Signature

Printed Name

FILING FEE: \$25.00