# 14400093868

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	<del>:</del> #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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03/12/18--01015--011 \*\*25.00

2018 MAR 12 PH 2: 55
SECRETARY OF STATE
TALLAHASSEE, FI DOIS

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

8625 Twin Lake, 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:

Elisa Frechter					
(Name of Person)					
(Firm/Company)	.,,				
102 NE 6th Avenue					
(Address)					
Delray Beach, FL 33483					
(City/State and Zip Code)					

For further information concerning this matter, please call:

Elisa Frechter

\_561

278-0366

(Name of Person)

(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						
	8625 Twin Lake, LLC						
2.	The Articles of Organization	n were filed on $\frac{6/11}{2}$	1/14	and assigned			
	document number L1400009	23868	<del></del>				
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 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).						
	By consent of majority in inter	est of members of the	e limited liability company, the	company and all business			
	operations have ended.			•			
			, <u>, , , , , , , , , , , , , , , , , , </u>				
		<del></del>					
5.	If there are no members, en	If there are no members, enter the name and address of the person appointed to wind up the company's					
	activities and affairs: Creative Restaurant Concepts of FLA Inc.						
Attn: Glenn Frechter							
		102 NE 6th Avenu	ne				
		Delray Beach, FL	33483	2018 M			
6. li	Signature of an authorized pated aboye to wind up the con	person or if there ar mpany's activities a	re no members, the signature and affairs:	of the person appointed and			
,	Ath.	-	Elisa Frechter	PH 2: 5			
	Holotherie		Prin	ted Name			

FILING FEE: \$25.00