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(Reque	estor's Name)				
(Addre	ss)				
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(City/S	(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Busin	ess Entity Name)			
(Document Number)					
Certified Copies	Certificates of	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SURJECT

Biscottificio Belli US 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:

Carol Ciappina
(Name of Person)
Biscottificio Belli US LLC
(Firm/Company)
2666 SE Willoughby Blvd
(Address)
Stuart FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

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220-1588

(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 liabili Biscottificio Belli US LLC	ly company is		•
2.	The Articles of Organization	were filed on June 18, 2014		and assigned
	document number L1400009	7337		
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	is block does not meet the appl	icable statutory filing r	: 12-31-15 locument is received for filing) equirements, this date will not b
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limited licopy 605.0707 on back cove	ability company's di r letter).	ssolution pursuant to section
	no longer met business interests	, voluntary dissolution	·	
5.	If there are no members, enter	er the name and address of the	he person appointed t	o wind up the company's
	activities and affairs:	Tommaso Borsatti		65
				70
				<i>→</i>
				<u> </u>
				4: 0
6. lis	Signature of an authorized p sted above to wind up the com	erson or if there are no mem pany's activities and affairs	bers, the signature of:	the person appointed and
7	nemod Brash		ommaso Borsatti	
	Signature		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: Biscottificio Belli US LLC		
Document number of Limited Liability Company is: L14000097337		
Date of dissolution was: 12-31-15		
Description of information that must be included in a written claim:		
		·
		-6
	<u> </u>	HAS 2
	<u> </u>	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of C	corporations);	28 PH 4: 05
2666 SE Willoughby Blvd	****	01
Stuart FL 34994		
emptoderate trade, and a second secon	and the same of th	
		
A claim against the above named limited liability company will be barred unless a pro- claim is commenced within 4 years after the filing of this notice.	ceeding to enfo	rce the
Tommaso Borsatti Jampan Bar	n.d.	
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