

#L141000101424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 APR 17 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Potpie Dispensary Group 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:

IRENA ANCHEV
(Name of Person)
Potpie Dispensary Group LLC
(Firm/Company)
9863 66th St. N
(Address)
PINELLAS PARK, FL 33782
(City/State and Zip Code)

For further information concerning this matter, please call:

IRENA ANCHEV at 813 293-6412
(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**

FILED

2816 APR 17 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Potpie Dispensary Group, LLC

2. The Articles of Organization were filed on JUNE 25th, 2014 and assigned

document number L14000101424

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).

Medical Marijuana was not approved
therefor I cannot operate this business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Irena Anchev

9863 66th St. N

Pinellas Park, FL 33782

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:

Irena Anchev

Signature

Irena Anchev

Printed Name

FILING FEE: \$25.00