

L14000005101

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(Address)

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15 FEB -3 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Givens FEB 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of LLC

DOCUMENT NUMBER: L14000105101

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amelia R. Holaway
(Name of Contact Person)

Amelia's Tax Service
(Firm/Company)

4640 Lipscomb St. NE Suite 4
(Address)

Palm Bay FL 32905
(City/State and Zip Code)

For further information concerning this matter, please call:

Kanjana Sopawani at (321) 216-6364
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy
(Additional copy is enclosed) ☐ \$60 Filing Fee, Certificate of Status & Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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

Siam Smile Thai Restaurant LLC

2. The Articles of Organization were filed on July 1, 2014 and assigned
document number L14000105101

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).

The business was not generating
sufficient income to sustain itself.

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

N/A

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:

Kanjana Sopawani
Signature

Kanjana Sopawani
Printed Name

FILING FEE: \$25.00

15 FEB - 3 AM 8:58
CLERK OF STATE
TALLAHASSEE, FLORIDA