

L14000109316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

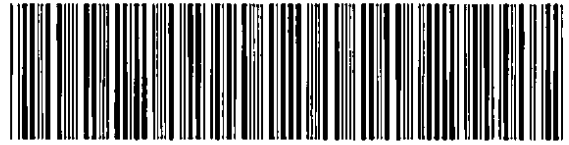
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600328543606

FILED
19 APR 29 A 8:47
TALLAHASSEE, FLORIDA

04/30/19--01007--002 **25.00

RECEIVED
19 APR 29 PM 4:00
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

4/29/19 CS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweet Intentions, 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:

April Gardner Asker
(Name of Person)

Sweet Intentions, LLC
(Firm/Company)

5595 Pedrick Plantation Cir
(Address)

Tallahassee, FL 32317
(City/State and Zip Code)

2019 APR 29 A 8:47
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

April Gardner Asker at (850) 980-7653
(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

Sweet Intentions, LLC

2. The Articles of Organization were filed on 7/14 and assigned

document number L14000109318

3. The delayed effective date the dissolution if not effective on the date of filing: 4/30/19
(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 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Medical reasons

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

April Gardner Cisker
5595 Redrick Plantation Cir
Tallahassee, FL 32317

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

April Gardner Cisker
Printed Name

FILING FEE: \$25.00

FILED
2019 APR 29 A 8:47
TALLAHASSEE, FLORIDA