

214 000 76 545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

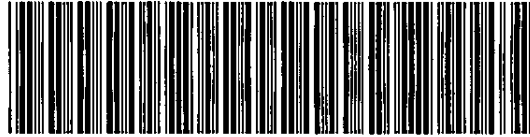
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/04/15--01053-011 \*\*25.00

FILED  
15 MAY -4 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY 07 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE COOKIE BAR CAFE 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:

ASHLEY BAILEY  
(Name of Person)

THE COOKIE BAR CAFE LLC  
(Firm/Company)

13364 SW 31<sup>st</sup> STREET  
(Address)

MIRAMAR, FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

ASHLEY BAILEY at (954) 778-9213  
(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

THE COOKIE BAR CAFE

2. The Articles of Organization were filed on 09-02-2014 and assigned

document number L14000136545

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).

Never started the business so the LLC is not  
needed.

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

ASHLEY BAILEY

~~15 P~~ 164 Whitehall Road

AMESBURY, MA 01913

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

ASHLEY BAILEY  
Printed Name

**FILING FEE: \$25.00**

FILED  
15 MAR -4 AM 8:00  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA