L14000160891

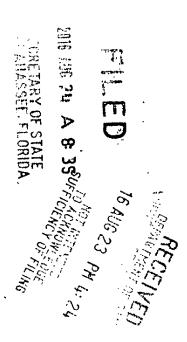
| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| (Submedia Emily Hame) | | | | | |
| (Document Number) | | | | | |
| (Bocament Namber) | | | | | |
| Cartifical Canica Cartificates of Status | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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S Warren AUG 2 5 2016

CT

August 23, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10134235 SO

Customer Reference 1: -

Customer Reference 2:

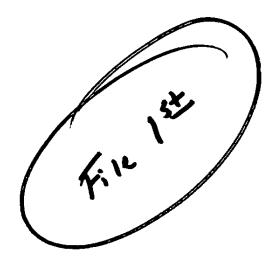
Dear Department of State, Florida:

Please obtain the following:

Sweet Pete's LLC (FL)

Cancellation

Florida



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---|---|---|-------|--|------------------------------|--|
| SUBJE | Sweet Pete's, LLC | | | | | |
| 00241 | | ed Liability Company) | | | | |
| | | | | | | |
| The en | closed Articles of Dissolution and fee(s) are submitt | ed for filing. | | | | |
| Please | return all correspondence concerning this matter to | the following: | | | | |
| | Tara Anderson | | | | | |
| | (Name of Person) | | | | | |
| | Neal Gerber & Eisenberg LLP | | | | | |
| | (Firm/Company) | | | | | |
| , | 2 N LaSalle Street | | | | | |
| | (Address) Chicago, IL 60602 | | | | | |
| | | | | | | |
| | (City/Sta | te and Zip Code) | | | | |
| For furt | ther information concerning this matter, please call: | | | | | |
| Tara Anderson | | 312 269-8464 | | | | |
| | (Name of Person) | (Area Code & Daytime Telephone Numb | er) | | | |
| Enclosed | d 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: | STREET/COURIER ADDR | RESS: | | | |
| Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Registration Section Division of Corporations Clifton Building | | | | |
| | | | | | 2661 Executive Center Circle | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability co | mpany is | | |
|---|--|--|-------------------------------------|
| Sweet Pete's LLC | | | |
| 2. The Articles of Organization were | | | and assigned |
| document number L14000160891 | <u>.</u> | | |
| 3. The delayed effective date the dis (effective date can Note: If the date inserted in this blo listed as the document's effective date. | annot be prior to or more that ock does not meet the appl | n 90 days later than da licable statutory filin | te document is received for filing) |
| 4. A description of occurrence that r 605.0707, Florida Statutes, (copy | esulted in the limited li 605.0707 on back cove | iability company's r letter). | dissolution pursuant to section |
| The Company is no longer conducting | g business. | | |
| 5. If there are no members, enter the activities and affairs: | name and address of the | he person appointe | d to wind up the company's |
| | | | |
| 6. Signature of an authorized person listed above to wind up the company | or if there are no mem 's activities and affairs | bers, the signature | of the person appointed and |
| | ∠ м | arcus Lemonis | |
| Signature | | Print | ed Name |

FILING FEE: \$25.00