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| (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: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Heavenly Homemade Cakes 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: |
| Marilyn B. Speights (Wame of Person) |
| (Firm/Company) |
| 1870 Rodeo Court (Address) |
| Tallahassee FL 32311 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Marilyn B. Speights at (850) 878-9910 (Name of Person) (Area Code & Davtime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: \$\Begin{align*} \Begin{align*} \text{S25.00 Filing Fee and Certificate of Dissolution} \end{align*} \Begin{align*} \Begin{align*} \Begin{align*} \text{S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)} \end{align*} |
| MAILING ADDRESS: STREET/COURIER ADDRESS Registration Section Registration Section |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahasses, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| l. | The name of a limited liability company is |
|----------|---|
| | Heavenly Homemade Cakes LLC |
| 2. | The Articles of Organization were filed on and assigned |
| | document number |
| 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 sectio 605.0707. Florida Statutes, (copy 605.0707 on back cover letter). |
| | Never opened an operating facility. |
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| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| | |
| | |
| | |
| 6. li | Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: |
| Ŋ | arilyn B. Speights Signature Marilyn B. Speights Printed Name |

FILING FEE: \$25.00